



VIRGINIA DEPARTMENT OF HEALTH

DIVISION OF WOMEN'S & INFANTS' HEALTH

Sterilization Guidelines

DIVISION OF WOMEN'S & INFANTS' HEALTH

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VOLUME 10



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SECTION 1

Family Planning Program Contact Person Sheet

General Overview

Providers' Overview

FAMILY PLANNING PROGRAM

Contact Persons

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Virginia Department of Health

Office of Family Health Services

Division of Women's & Infants' Health

109 Governor Street, 8th Floor, West

Richmond, VA 23219

Fax Number #: (804) 864-7771



STERILIZATION



GENERAL OVERVIEW

The Virginia Department of Health (VDH) offers voluntary sterilization services for women and men who meet the eligibility requirement. This sterilization program is sponsored by the Family Planning services Program using general funds allocated by the General Assembly of Virginia.

Annually, the Department provides funding to support a limited number of qualified patients from within the Commonwealth who have expressed a desire for a permanent sterilization surgical procedure. **All patients must be 21 years of age and may be male or female.**

The VDH program is not in competition with a similar Commonwealth Medicaid, Plan First program funded through the Department of Medical Assistance Services—although our payment rates are exactly the same.

A copy of the counseling guidelines from the Association for Voluntary Sterilization, located in your Family Planning Manual, will help guide you through the process of counseling for informed consent as well as for the well being of the patient.

FAMILY PLANING SERVICES VOLUNTARY STERILIZATION PROGRAM OVERVIEW

PREFACE

The information provides a summary overview of the program and contractual provisions attendant to the Virginia Department of Health (VDH), Family planning Services, and Voluntary Sterilization Program. This information is not intended to be all-inclusive but rather provides a potential provider with essential information outlining the terms and conditions for participation. If further information is desired or you would like to be provided an invitation to sign a service agreement, please contact the Virginia Department of Health as provided herein.

PROGRAM

Annually, the Department provides funding to support a limited number of qualified patients from within the Commonwealth who have expressed a desire for a permanent sterilization surgical procedure. All patients must be 21 years of age and may be of either sex. They are interviewed and screened within local health department. If approved, an established process is initiated to fully inform the patient of the procedure implication, obtain consent, and to secure resources for required period of time from the Department to fund the procedure.

Once the local health department approves an application, **Consent To Sterilization** forms are signed, and the designated amount of funds committed, the patient is then authorized to contact their physician (surgeon) of choice. The patient is encouraged to immediately schedule the surgical procedure within 60 days after a “30-day waiting period” following the signing of **Consent To Sterilization**. This program provides a unique public health opportunity and service for indigent patients who are not enrolled in Medicaid and who have no other source of funds to pay the associated fees.

The VDH program is not in competition with a similar Commonwealth Medicaid program, **Plan First**, funded through the Department of Medical Assistance Services – **although our payment rates are exactly the same**. One of the VDH patient qualification requirements is that they not be enrolled in **Plan First**. However, in spite of our attempts to identify those enrolled, there are from time-to-time a few occasions when duplicative payments may be made by Medicaid or through private insurance. In such cases, VDH will not agree to make any form of duplicative or supplementary payment and would recall its initial payment to providers for their services.

The services that you and your colleagues provide to our patients are most valued and your interest and support is greatly appreciated. We are currently offering providers (surgeons, pathologists, anesthesiologists, hospital or surgical facilities, etc.) with an agreement opportunity to participate for a period of five years. This agreement does not obligate you in any way to deliver service to our patients. If you do not wish to see any patients during the five-year agreement period then it is your right to refuse service at any time.

TERMS AND CONDITIONS

Should you become a contracted provider with VDH, there are several key terms and conditions that we require:

All providers must first have a current countersigned contractual agreement on file with the Virginia Department of Health.

All medical providers agree to accept the Commonwealth's established Medicaid rates for reimbursement cost to charge ratios for reimbursement of the VDH supported services.

All medical provider-billing statements will be presented to Virginia Department of Health, 109 Governor Street, 8th Floor, West, Richmond, Virginia 23219 Attn: Ardriene Stuart, for payment reflecting CPT codes on Form CMA-1500 (12-90) within 60 days of the procedure date. Billings received beyond the 60 days limit will not be reimbursed.

All hospital or surgical facility provider billings will be presented to Virginia Department of Health, 109 Governor Street, 8th Floor, West, Richmond, Virginia 23219; Attn: Ardriene Stuart, for payment on Form CMA-92 CMA-1450 within sixty days of the procedure date. Billings received beyond the 60 day limit period will not be reimbursed.

Any medical provider who is the attending surgeon must sign and return a *Physician's Statement* verifying patient counsel and the date that the procedure was completed before payment will be released to the surgeon.

All providers agree to accept reimbursement as payment in full and shall not bill or otherwise seek payment from the patient for any balance. The patient will not be held responsible for any charges incurred as a result of his or her sterilization procedure.

APPEALS

The Virginia Department of Health hopes that this information has been informative and helpful. As well, we hope that you will favorably consider an agreement to provide our patients with your much needed professional skills and services. We welcome the opportunity to work with you.

If you are interested in our offer or desire further information, you should contact the program management at the following address:

**Virginia Department of Health
Division of Women's and Infants' Health
ATTN: Ardriene D. Stuart
109 Governor Street, 8th Floor, West
Richmond, Virginia 23219
Office Telephone: (804) 864-7755 Office Fax: (804) 864-7771**

If you are requesting an agreement we ask that you please provide your full name, title, business address, telephone number, and Taxpayer Identification number (TIN). Should there be associates within your firm who would like to contract for participation in the VDH program the same information is required from all.

Please further assist our efforts in publicizing the Department's program provisions and pass a copy of this information along to any other interested parties!

SECTION 2

Federal Regulations & Suggested Guidelines

Coordinator Guidelines

Contract Request Form

Consent Form A (English & Spanish)

Consent Form B (English & Spanish)

Paperwork Reduction Act Statement
(English & Spanish)

Information Check Sheet – Instructions

Information Check Sheet (English & Spanish)

Patient Agreement (English & Spanish)

Letters

Surgeon
Hospital

Federal Regulations and Suggested Guidelines

Title X Voluntary Sterilization Program in Virginia

1. Age Requirements

***A. Must be 21 years of age (male or female)** **NO EXCEPTIONS**

- ◆B. Client preferably between the ages of 30 and 40 years
- ◆C. If above 40 years of age, must have a medical reason for seeking permanent sterilization.
- ◆D. If below 25 years of age, should have parity of 3 or greater, and less than 2 years between pregnancies.

2. Income Requirements

***A. Income Level “A” of the Federal Poverty Guidelines (100% of poverty)**

B. Everyone with the exception of undocumented clients must be referred to Plan First (www.PlanFirst.org). Undocumented clients can be enrolled in the VDH Voluntary Sterilization Program if they meet criteria.

- C. Has **no** private insurance unless
 - a. The insurance plan does not cover the sterilization procedure.
 - b. The combined medical and hospital deductible exceeds \$500.**Anyone with private insurance exceptions must still meet the A income criteria**

3. ***Mentally Competent – Client must be able to give legal consent.**

4. ***Not Court Ordered**

5. ***Male Clients – All males must meet Federal Regulations 1A, 2A, 3, 4**

6. ◆Parity – Client male or female suggested to be parity of 2 or more

7. ◆Medical and/or Social High Risk

***Required Criteria – Federal Title X Requirements**

◆**Suggested Program Guidelines** – The sterilization program guidelines are recommendations intended to assist the local sterilization program coordinators in formulating their selection of appropriate individuals for the Voluntary Sterilization Program under Title X. When local sterilization coordinators are determining eligible clients, they should consider the federal regulations, the statewide program guidelines, individual client

circumstances and the reality that the statewide program service requests always exceed the available financial resources. Patients eligible for the **Plan First** program and/or currently enrolled, must access the waiver payment source.

All clients with the exception of undocumented residents, must apply for Plan First. Health Department staff should facilitate the Plan First application process whenever possible.

1. **Determine** eligibility using guidelines.
2. Provide sterilization counseling (See Family Planning Manual, Sterilization Program Manual)
3. Complete required forms:
 - a. Consent to Sterilization - Part A
 - b. Physician's Statement - Part B
 - c. Sterilization Check Sheet
 - d. Patient Agreement
4. **The Sterilization coordinator must determine if physician, surgical facility or other providers (anesthesiologist, pathologist, or radiologist, etc.) have a current contract on the list provided prior to referring clients for services. If you do not have a care provider in your area with a contract and a provider is interested, give him/her a copy of the "Voluntary Sterilization Program Overview". Fax the Contract Request Form to Ardriene Stuart, Program Manager, in the Division of Women's & Infants Health (DWIH), at (804) 864-7771 with the name, business address, telephone number and NAME OF A CONTACT person if a contract is desired. (Contract Request Form included)**
 - ➔ Provider must accept current Medicaid established rates of reimbursement.
 - ➔ Must accept reimbursement as payment in full and not bill the patient for any balance.
 - ➔ **Medical providers must bill using current CPT codes on Form CMA-1500 (12-90). Hospital or surgical facility providers must bill using form UB-92 CMA-1450.**
 - ➔ Surgeon must provide signed "Physician's Statement" with the bill.
 - ➔ Bills must be submitted to Virginia Department of Health, 109 Governor Street, 8th Floor, West, Richmond, Virginia 23219 within 60 days of the procedure.
 - a. Assist in process by calling the DWIH to determine if contract was sent, if care provider received contract, and encourage prompt return of the contract when received.
 - b. Patient may not schedule a surgery date with a physician unless a contract has been signed and returned to the OFHS. A Procedure

Confirmation Number (PCN) will not be assigned until the provider has a signed contract on file in OFHS.

5. **Call Ardriene Stuart in the Division of Women's and Infants' Health (DWIH) to obtain a confirmation (PCN) for funding at (804) 864-7755 or fax (804) 864-7771. Provide information on the VDH Family Planning Services Voluntary Sterilization Case Management Worksheet", lines 1 – 9.**
6. **Provide both written and verbal information to the patient about her/his responsibilities. Have patient sign the patient agreement and give her/him a copy.**
7. **Give the patient 2 envelopes. Stress to the patient the importance of the envelopes being given to the surgeon and to the facility when admitted for the procedure.**
 - a. **Envelope # 1 – Surgeon (write surgeon's name on envelope).**
 - ➔ **Consent to Sterilization - Part A**
 - ➔ **Physician's Statement – Part B**
 - ➔ **Letter to Physician (Use local health department letterhead)**
 - ➔ **Copy of Family Planning Services Voluntary Sterilization Program Overview".**
 - b. **Envelope # 2 – Surgical Facility (write name of surgical facility on envelope).**
 - ➔ **Letter to Admissions Officer (Use your local health department letterhead).**
 - ➔ **Copy of "Family Planning Services Voluntary Sterilization Program Overview".**
8. **Call Ardriene Stuart in the DWIH, Phone: (804) 864-7755 and provide the following information: (MM-DD-YY). If desired, you can fax: (804) 864-7771 or mail a copy of the coordinator's worksheet to the Program Manager. All of this information is very important. FAILURE TO PROVIDE THIS INFORMATION CAN PREVENT ANOTHER PATIENT FROM PARTICIPATING IN THE PROGRAM.**

Time Intervals for Contacting VDH

- a. **Date of appointment with surgeon (if patient fails to contact you before the 30-day waiting period has expired, attempt to contact her/him). If patient fails to contact you or you cannot contact the patient, funds allocated for that patient will be released.**

- b. Date of scheduled surgery (notify DWIH within 35 days from the date the consent was signed with the appointment date for the surgery). If DWIH is not notified by that date, the allocated funds will be released.
 - c. Date of actual surgery (notify DWIH within 95 days from the date the consent was signed with the date the sterilization procedure was done). If DWIH is not notified by that date, the allocated funds for the patient's sterilization procedure will be released.
9. Develop a system for tracking the various time limits (i.e., tickler cards).
- a. date consent form signed
 - b. 30 day waiting period: appointment date with surgeon
 - c. 35 day waiting period: date for scheduled surgery
 - d. 95-day period for the sterilization procedure: date of surgery
 - e. 60-day care provider billing period: received bills from care providers

CONTRACT REQUEST FORM

TO: Ardriene D. Stuart
Telephone #: (804) 864-7755

FAX #: 804-864-7771

Date of Request: _____

COORDINATOR NAME: _____

TELEPHONE #: _____ FAX #: _____

PROVIDER INFORMATION

NAME: _____

ADDRESS: _____

NAME OF CONTACT: _____

TELEPHONE #: _____ FAX #: _____

BILLING LOCATION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

- NEW CONTRACT • CONTRACT RENEWAL

Type of Service To Be Provided (Specialty)			
Surgeon	•	Facility	•
Pathologist	•	Radiologist	•
Anesthesiologist	•	Urologist	•

VIRGINIA DEPARTMENT OF HEALTH STERILIZATION PROGRAM

PART A

Pt's Name: _____
Address: _____
Vision #: _____ Phone: _____
(Place Vision label here)

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

I have asked for and received information about sterilization from _____ (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal Funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least **thirty days** after I sign this form.
I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____(day), _____ (month), _____ (year).

I hereby consent of my own free will to be sterilized by _____ (doctor) by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: **Virginia Department of Health, 109 Governor Street, 8th Floor, West, Richmond, VA 23219;** representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature _____ Date _____

You are requested to supply the following information, but it is not required:

Ethnicity and Race Designation (please check)

Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (mark one or more):

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

INTERPRETER'S STATEMENT (If an interpreter is provided to assist the individual to be sterilized)

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature

Date

STATEMENT OF PERSON OBTAINING CONSENT

Before _____ (name of individual) signed the consent form, I explained to him/her the nature of sterilization operation _____ (type of procedure), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent

Date

Facility _____

Address _____

VIRGINIA DEPARTMENT OF HEALTH STERILIZATION PROGRAM

PART B

Pt's Name: _____
Address: _____
Vision #: _____ Phone: _____
(Place Vision label here)

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon _____
(name of individual to be sterilized), on _____ (date of sterilization),

I explained to him/her the nature of the sterilization operation _____ (specify
type of operation), the fact that it is intended to be a final and irreversible procedure and the discomforts,
risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are
temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she
will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears
mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to
understand the nature and consequences of the procedure.

**(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the
case of premature delivery or emergency abdominal surgery where the sterilization is performed
less than 30 days after the date of the individual's signature on the consent form. In those cases,
the second paragraph below must be used. Cross out the paragraph which is not used.)**

**(1) At least *thirty days* have passed between the date of the individual's signature on this consent
form and the date the sterilization was performed.**

**(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the
individual's signature on this consent form because of the following circumstances (check
applicable box and fill in information requested):**

Premature delivery

Individual's expected date of delivery: _____

Emergency abdominal surgery (*describe circumstances*): _____

Physician's Signature

Date

VIRGINIA DEPARTMENT OF HEALTH STERILIZATION PROGRAM

PAPERWORK REDUCTION ACT STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays the currently valid OMB control number. Public reporting burden for this collection of information will vary; however, we estimate an average of one hour per response, including for reviewing instructions, gathering and maintaining the necessary data, and disclosing the information. Send any comment regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASBTF/Budget Room 503 HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Respondents should be informed that the collection of information requested on this form is authorized by 42 CFR part 50, subpart B, relating to the sterilization of persons in federally assisted public health programs. The purpose of requesting this information is to ensure that individuals requesting sterilization receive information regarding the risks, benefits and consequences, and to assure the voluntary and informed consent of all persons undergoing sterilization procedures in federally assisted public health programs. Although not required, respondents are requested to supply information on their race and ethnicity. Failure to provide the other information requested on this consent form, and to sign this consent form, may result in an inability to receive sterilization procedures funded through federally assisted public health programs.

All information as to personal facts and circumstances obtained through this form will be held confidential, and not disclosed without the individual's consent, pursuant to any applicable confidentiality regulations.

**DEPARTAMENTO DE SALUD DE VIRGINIA
PROGRAMA DE ESTERILIZACIÓN**

PARTE A

Nombre del paciente: _____
Dirección: _____
N° de Vision: _____ Teléfono: _____
(Colocar etiqueta de Visión aquí)

CONSENTIMIENTO PARA ESTERILIZACIÓN

NOTIFICACIÓN: SU DECISIÓN DE NO LLEVAR A CABO LA ESTERILIZACIÓN EN CUALQUIER MOMENTO NO DERIVARÁ EN EL RETIRO O RETENCIÓN DE LOS BENEFICIOS OTORGADOS POR PROGRAMAS O PROYECTOS QUE RECIBEN FONDOS FEDERALES.

Solicité y recibí información sobre la esterilización a _____ (médico o clínica). Cuando inicialmente solicité la información, me dijeron que la decisión de esterilizarme es completamente personal. Me informaron que yo podía decidir no esterilizarme. Si decido no esterilizarme, mi decisión no afectará mi derecho a obtener cuidados o tratamientos futuros. No dejaré de recibir la ayuda ni los beneficios de programas que reciben fondos federales, como A.F.D.C. o Medicaid que estoy recibiendo ahora o para los cuales pudiera ser elegible.

ENTIENDO QUE LA ESTERILIZACIÓN DEBE CONSIDERARSE PERMANENTE E IRREVERSIBLE. DECIDÍ QUE NO QUIERO EMBARAZARME, TENER HIJOS NI PROCREAR.

Me informaron sobre los métodos anticonceptivos temporales disponibles y que me podrían proporcionar que me permitirían tener hijos o procrear en el futuro. Rechacé estas alternativas y decidí esterilizarme.

Comprendo que me esterilizarán con una operación llamada _____. Ya me explicaron los malestares, riesgos y beneficios asociados con la operación. Han respondido todas mis preguntas a mi satisfacción.

Comprendo que la operación no se llevará a cabo hasta al menos **treinta días** después de que firme este formulario.

Comprendo que puedo cambiar de opinión en cualquier momento y que mi decisión de no esterilizarme, en cualquier momento, no originará la retención de los beneficios o servicios médicos otorgados por programas con financiamiento federal.

Tengo al menos 21 años y nací el: _____ (día), _____ (mes), _____ (año).

Por medio de la presente y por mi propia voluntad, doy mi consentimiento para ser esterilizado/a por _____ (médico) con el método llamado _____. Mi consentimiento vence 180 días después de la fecha en que firme al pie.

También doy mi consentimiento para entregar este formulario y otros registros médicos sobre la operación al: Departamento de Salud de Virginia, 109 Governor Street, 8th Floor, West, Richmond, VA 23219; representantes del Departamento de Salud y Servicios Humanos, o empleados de programas o proyectos financiados por el Departamento, pero solamente para determinar si se cumplieron las leyes federales.

Recibí una copia de este formulario.

Firma _____ Fecha _____

Se le solicita que proporcione la siguiente información, aunque no es obligatorio:

Designación de grupo étnico y raza (seleccionar)

Grupo étnico

- ☐ Hispano o latino
☐ No hispano ni latino

Raza (marcar una o más):

- ☐ De pueblos originarios de los EE.UU. o nativo de Alaska
☐ Asiático
☐ Negro o afroamericano
☐ De pueblos originarios de Hawaii u otras islas del Pacífico
☐ Blanco

DECLARACIÓN DEL INTÉRPRETE

(Si se proporciona un intérprete para asistir a la persona que se esterilizará)

Traduje la información y los consejos presentados verbalmente a la persona que será esterilizada por parte de la persona que obtiene este consentimiento. También le leí el formulario de consentimiento en idioma _____ y le expliqué su contenido. A mi leal saber y entender, él/ella entendió esta explicación.

Firma del intérprete

Fecha

DECLARACIÓN DE LA PERSONA QUE OBTIENE EL CONSENTIMIENTO

Antes de que _____ (nombre de la persona) firmara el formulario de consentimiento, le expliqué la naturaleza de la operación de esterilización _____ (tipo de procedimiento), el hecho de que es un procedimiento definitivo e irreversible y los malestares, riesgos y beneficios asociados con ella. Asesoré a la persona que se va a esterilizar sobre los demás métodos anticonceptivos disponibles que son temporales. Le expliqué que la esterilización es diferente porque es permanente. Le expliqué a la persona que se va a esterilizar que puede retirar su consentimiento en cualquier momento y que no perderá ningún servicio de salud ni los beneficios otorgados por fondos federales. A mi leal saber y entender, la persona que será esterilizada tiene al menos 21 años de edad y aparenta ser mentalmente hábil. El/ella solicitó esterilizarse con conocimiento de causa y de manera voluntaria, y parece entender la naturaleza y las consecuencias del procedimiento.

Firma de la persona que obtiene el consentimiento

Fecha

Establecimiento

Dirección _____

**DEPARTAMENTO DE SALUD DE VIRGINIA
PROGRAMA DE ESTERILIZACIÓN**

PARTE B

Nombre del paciente: _____
Dirección: _____
N° de Visión: _____ Teléfono: _____
(Colocar etiqueta de Visión aquí)

DECLARACIÓN DEL MÉDICO

Poco antes de hacerle una cirugía de esterilización a _____
(nombre de la persona que será esterilizada), el _____
(fecha de esterilización), Le expliqué la naturaleza de la operación
de esterilización _____ (especificar tipo de operación),
el hecho de que es un procedimiento definitivo e irreversible, y los malestares,
riesgos y beneficios asociados con ella.

Asesoré a la persona que se va a esterilizar sobre los demás métodos anticonceptivos
disponibles que son temporales. Le expliqué que la esterilización es diferente porque es
permanente.

Le expliqué a la persona que se va a esterilizar que puede retirar su consentimiento en cualquier
momento y que no perderá ningún servicio de salud ni los beneficios otorgados por fondos
federales.

A mi leal saber y entender, la persona que será esterilizada tiene al menos 21 años de edad y
aparenta ser mentalmente hábil. El/ella solicitó esterilizarse con conocimiento de causa y de
manera voluntaria, y parece entender la naturaleza y las consecuencias del procedimiento.

(Instrucciones de uso de los párrafos finales alternativos: Use el primer párrafo que sigue, excepto en caso de parto prematuro o cirugía abdominal de emergencia, en los cuales la esterilización se realice menos de 30 días después de que la persona firmó el formulario de consentimiento. En aquellos casos deberá usarse el segundo párrafo que sigue. Tache el párrafo que no se use).

(1) Pasaron al menos *treinta días* entre la fecha en que la persona firmó este formulario de consentimiento y la fecha en que se llevó a cabo la esterilización.

(2) Esta esterilización se llevó a cabo menos de 30 días pero más de 72 horas después de la fecha en que la persona firmó este formulario de consentimiento por las siguientes circunstancias (marque la casilla que corresponda y llene la información solicitada):

Parto prematuro

Fecha esperada de parto de la persona: _____

Cirugía abdominal de emergencia (*describir las circunstancias*):

Firma del médico

Fecha

**DEPARTAMENTO DE SALUD DE VIRGINIA
PROGRAMA DE ESTERILIZACIÓN**

**DECLARACIÓN DE LA LEY DE SIMPLIFICACIÓN DE TRÁMITES
ADMINISTRATIVOS**

Una agencia federal no puede llevar a cabo ni patrocinar una recopilación de información, y no se requiere que ninguna persona responda a ella, a menos que se exhiba el número de control de OMB válido y actualizado. La carga horaria que requiere la tarea de recolección de información puede variar; sin embargo, se estima un promedio de una hora por respuesta, lo que incluye revisar las instrucciones, recopilar y mantener los datos necesarios y presentar la información. Envíe cualquier comentario sobre el cálculo de la carga o cualquier otro aspecto de esta recopilación de información a OS Reports Clearance Officer, ASBTF/Budget Room 503 HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Se debe informar a la persona que responde a este formulario que la recopilación de información solicitada en él se autoriza en virtud de las disposiciones de 42 CFR parte 50, subparte B, que se refiere a la esterilización de personas

en programas de salud pública que reciben asistencia del gobierno federal. El propósito de solicitar esta información es asegurar que las personas que solicitan la esterilización reciban informadas sobre sus riesgos, beneficios y consecuencias, y garantizar el consentimiento voluntario e informado de todas las personas que se someten a procedimientos de esterilización en programas de salud pública que reciben asistencia del gobierno federal. Si bien no es necesario, se le solicita a la persona que responde que nos proporcione información sobre su raza y grupo étnico. No proporcionar la información adicional requerida y no firmar este formulario de consentimiento, podría resultar en la imposibilidad de recibir el procedimiento de esterilización financiado por programas de salud pública con asistencia del gobierno federal.

Toda la información relativa a hechos y circunstancias personales obtenida por medio de este formulario será confidencial y no se divulgará sin el consentimiento de la persona, de acuerdo con las reglamentaciones de confidencialidad aplicables.

**INSTRUCTIONS FOR COMPLETING THE
VOLUNTARY STERILIZATION INFORMATION CHECK SHEET**

- 1. The person who interviews and counsels the patient while completing the consent form cannot complete the check sheet. A different interviewer must complete the check sheet after discussing the questions with the applicant. (The check sheet is to be used to assure that all items have been discussed with the applicant).**
- 2. The check sheet must be signed and dated by the applicant after all questions have been asked and answered.**
- 3. The check sheet must be signed and dated by the second interviewer.**
- 4. Retain the completed “Sterilization Information Check Sheet” in the patient’s files. Give a copy to the patient.**

STERILIZATION INFORMATION CHECK SHEET

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

- | | | |
|------|--|------------|
| 1. | Was your decision to be sterilized voluntary? | Yes • No • |
| 2. | Do you understand that your decision about sterilization will not influence any benefits you are receiving? | Yes • No • |
| 3. | Do you understand that you cannot be sterilized until 30 days after you have signed the consent document? | Yes • No • |
| 4 a. | Do you understand the medical procedure? | Yes • No • |
| b. | Do you understand the probable risks and discomforts? | Yes • No • |
| c. | Do you understand that being sterilized will prevent pregnancy without using any other form of birth control? | Yes • No • |
| d. | Do you understand that sterilization is permanent and cannot be undone? | Yes • No • |
| e. | Do you understand there is a small possibility this procedure will not prevent pregnancy. | Yes • No • |
| f. | Do you understand that there are other temporary birth control methods that will prevent pregnancy? | Yes • No • |
| g. | Do you understand sterilization will not protect you from acquiring a sexually transmitted disease. | Yes • No • |
| h. | Do you understand that you may change your mind about being being sterilized anytime prior to being sterilized? You may reapply should you decide to be sterilized at some later date. | Yes • No • |
| 5. | Are you 21 years of age or older? | Yes • No • |
| 6. | Do you have any questions in regard to the sterilization procedure or your decision to be sterilized? | Yes • No • |

(Patient Signature)

(Date)

I have asked and discussed the above questions with this patient and feel that he/she is mentally competent to consent to a sterilization procedure

(Second Interviewer's Signature)

(Date)

PLANILLA PARA VERIFICAR INFORMACIÓN DE ESTERILIZACIÓN

AVISO: LA DECISIÓN EN CUALQUIER MOMENTO DE NO SER ESTERILIZADO/A NO DARÁ COMO RESULTADO EL RETIRO O LA RETENCIÓN DE NINGÚN BENEFICIO SUMINISTRADO POR LOS PROGRAMAS O PROYECTOS QUE RECIBAN FONDOS DEL GOBIERNO FEDERAL.

1. ¿Fue voluntaria su decisión de ser esterilizado/a? Sí • No •
2. ¿Sabe que su decisión sobre ser esterilizado/a no afectará los beneficios que recibe? Sí • No •
3. ¿Sabe que no puede ser esterilizado/a hasta 30 días después de haber firmado el documento de consentimiento? Sí • No •
- 4 a. ¿Sabe cómo va a ser el procedimiento médico? Sí • No •
- b. ¿Sabe que existe la probabilidad de riesgos y de malestares? Sí • No •
- c. ¿Sabe que al ser esterilizado/a no habrá riesgo de embarazo sin necesidad del uso de ninguna otra forma de control de la natalidad? Sí • No •
- d. ¿Sabe que la esterilización es permanente y no puede revertirse? Sí • No •
- e. ¿Es consciente que existe una posibilidad remota de que este procedimiento no impida el embarazo? Sí • No •
- f. ¿Sabe que hay otros métodos de control temporal de la natalidad que impiden el embarazo? Sí • No •
- g. ¿Sabe que la esterilización no lo/a protegerá de contraer una enfermedad venérea? Sí • No •
- h. ¿Sabe que puede cambiar de decisión acerca de ser esterilizado/a en cualquier momento antes de hacerlo? Puede presentar una nueva solicitud en fecha posterior. Sí • No •
5. ¿Es usted mayor de 21 años? Sí • No •
6. ¿Tiene alguna pregunta en relación con el procedimiento de esterilización o con su decisión de ser esterilizado/a? Sí • No •

(Firma del paciente)

(Fecha)

He planteado a y considerado con este/a paciente las preguntas arriba mencionadas y considero que el/la paciente se encuentra en pleno uso de sus facultades mentales para dar su consentimiento al procedimiento de esterilización.

(Firma del segundo interlocutor)

(Fecha)

PATIENT AGREEMENT

We need your help to make sure that you get your sterilization without any problems or delays. You can help by **AGREEING TO THE FOLLOWING:**

I WILL IMMEDIATELY call my health department:

- If I change my mind about having the sterilization operation.
- If I get a different doctor to do my sterilization operation.
- If I cannot keep or did not keep any of my appointments.
- If I move to a new address or change my telephone number.
- Wait **30 days** after signing the consent before getting my sterilization operation.
- As soon as possible, but before the 30 day waiting period has passed, call the doctor who is going to do my operation for an appointment so my doctor and I can make arrangements for the operation.
- Call my health department within 30 days of signing the consent form as soon as I have an appointment with the doctor.
- Call my doctor if I need to reschedule or cancel my appointment or surgery.
- When I go for my appointment, I will give the doctor the envelope with his/her name on it. **It contains all the important information needed for my operation.** If I lose the envelope, I will call my health department for another envelope. I **must not** go to the doctor without the envelope. **I must not go to the surgical facility without the envelope. If they do not get this information, they may bill me.**
- Call my health department service coordinator as soon as I know the date for my sterilization operation.
- I will call my health department as soon as I have my operation.
- **I WILL SEND ANY BILLS I GET FOR MY OPERATION TO MY LOCAL HEALTH DEPARTMENT SERVICE COORDINATOR IMMEDIATELY.**

“I understand if I do not keep my coordinator informed, I will not get my sterilization paid by the Virginia Department of Health. If I should get my operation without keeping my coordinator informed, as stated above, I will be responsible for the bill. I understand I must wait 30 days of signing the consent form before having the procedure. If the procedure is done before the 30 days (unless there is a medical emergency), I will be responsible for all bills pertaining to procedure.”

PATIENT's SIGNATURE _____ **DATE** _____

Witnessed by:

COORDINATOR's SIGNATURE _____ **DATE** _____

TELEPHONE NUMBER: _____

ACUERDO DEL PACIENTE

Necesitamos su ayuda para asegurarnos de que usted reciba la esterización sin ningún problema o tardanzas. Usted nos puede ayudar **ACORDANDO CON LO SIGUIENTE:**

YO INMEDIATAMENTE llamaré a mi departamento de salud:

- Si yo cambio de mente acerca de recibir la operación de esterilización.
- Si yo selecciono un doctor diferente para que haga la operación de esterilización.
- Si yo no puedo cumplir o no cumplo con mis citas.
- Si yo me mudo a una nueva dirección o cambio mi teléfono.
- Espere **30 días** después de firmar el consentimiento antes de tener la operación de esterilización.
- Lo antes posible, pero antes de que el período de espera haya pasado, llame al doctor quien va a hacer la operación para una cita, para que mi doctor y yo podamos hacer arreglos para la operación.
- Llame a mi departamento de salud dentro de los 30 días de firmar el formulario del consentimiento tan pronto como yo tenga una cita con el doctor.
- Cuando yo vaya por mi cita, yo le daré al doctor un sobre con el nombre de él /ella escrito. **Contiene toda la información necesaria para la operación.** Si yo pierdo el sobre, yo llamaré a mi departamento de salud para obtener otro sobre. **Yo no deberé de ir al doctor sin ese sobre. Yo no deberé ir a las facilidades de cirugía sin ese sobre. Si ellos no reciben esa información, ellos pueden enviarme la cuenta.**
- Llame a mi coordinador de servicios del departamento de salud tan pronto como yo sepa la fecha para la operación de mi esterilización.
- Yo llamaré a mi departamento de salud tan pronto como yo sea operado.
- **YO ENVIARÉ CUALQUIER CUENTA QUE YO RECIBA PARA MI OPERACION A MI COORDINADOR DE SERVICIOS LOCALES DEL DEPARTAMENTO DE SALUD .**

"Comprendo que si no mantengo informado a mi coordinador, el Departamento de Salud de Virginia no pagará mi esterilización. Si me opero sin informarle a mi coordinador como se menciona anteriormente, seré responsable de pagar la cuenta. Comprendo que debo esperar 30 días después de firmar el formulario de consentimiento para poder someterme al procedimiento. Si el procedimiento se lleva a cabo antes de 30 días (a menos que haya una emergencia médica), seré responsable de pagar las cuentas relacionadas con el procedimiento".

FIRMA DEL PACIENTE _____	FECHA _____
Testigo:	
FIRMA DEL COORDINADOR _____	FECHA _____
NUMERO DE TELÉFONO: _____	

LOCAL HEALTH DEPARTMENT LETTERHEAD

Date

Dear Dr.:

_____ is approved for Virginia Department of Health funding for a voluntary sterilization. She/he may not be scheduled for the procedure before _____ and not after _____ at which date this approval is **void**. As a participant in this program you have previously signed a contract and agreed to the following terms and conditions:

- **Will have a current countersigned contract on file with the Virginia Department of Health (VDH), Office of Family Health Services, Richmond, Virginia.**
- **Will accept current Medicaid established rate for reimbursement of all VDH supported services.**
- **Will bill the Virginia Department of Health, using current CPT codes on Form CMA- 1500 (12-90).**
- **Will bill within 60 days of the procedure date. INVOICES RECEIVED BEYOND 60 DAYS OF THE PROCEDURE MAY NOT BE REIMBURSED.**
- **Will accept reimbursement from VDH as payment in full and will not bill the patient for any balance.**

If any physician other than yourself performs this procedure, he/she must have a valid signed contract.

Enclosed are a signed "Consent to Sterilization" (Part A) and a "Physicians Statement" (Part B) that must be completed and returned with the invoice for payment.

Please submit all bills associated with the sterilization procedure to:

**Virginia Department of Health
109 Governor Street, DWIH, 8th Floor, West
Richmond, VA 23219
Attn: Family Planning Program**

If you have any questions or need further information, please call me at

Thank you for providing this much needed service.

Sincerely,

LOCAL HEALTH DEPARTMENT LETTERHEAD

Date

Dear Admissions Officer,

_____ has been approved for Virginia Department of Health funding for a voluntary sterilization procedure to be performed by _____. As a participant in this program your facility has previously signed a contract with VDH and agreed to the following terms and conditions:

- **Will have a current countersigned contract on file with the Virginia Department of Health (VDH), Office of Family Health Services, Richmond, Virginia.**
- **Will accept the current Medicaid established reimbursement cost-to-charge rates or the ASC Group Code ("M" CODE) for reimbursement of all VDH supported services.**
- **Will bill the Virginia Department of Health, using the Form CMA-92 CMA-1450.**
- **Will bill within 60 days of the procedure date. INVOICES RECEIVED BEYOND 60 DAYS OF PROCEDURE MAY NOT BE REIMBURSED.**
- **Will accept reimbursement from VDH as payment in full and will not bill the patient for any remaining balance.**

Should a medical profession associate (i.e., anesthesiologist, pathologist, radiologist, etc.) contracted by your facility accept any supporting role within the performance of the procedure, they must have a separate signed contract on file with the VDH. The associates' billing procedure must follow a separately established protocol. For further information please contact the local health department.

Please submit all bills associated with the sterilization procedure directly to:

**Virginia Department of Health
109 Governor Street, DWIH, 8th Floor, West
Richmond, VA. 23219
Attn: Family Planning Program**

If you have any questions or need further information, please call me at _____.

Thank you for providing this much needed service.

Sincerely,

SECTION 3

Case Management Worksheet – Instructions

Health District Cost Code List

Case Management Worksheet

CASE MANAGEMENT WORKSHEET INSTRUCTIONS

Sterilization Coordinator

- A. Call, fax or email your client level information to: **Ardriene Stuart** in the Division of Women's & Infants' Health, **Phone: (804)864-7755; FAX: (804) 864-7771, Email: ardriene.stuart@vdh.virginia.gov**
- B. Provide the following information as displayed on the “VDH Family Planning Services Voluntary Sterilization Case Management Worksheet”:

LINE No.

- 1 - District Cost Code & Telephone Number
- 2 - Service Coordinator's Name
- 3 - Patient Clinic Site
- 4 - Patient **VISION** NUMBER
- 5 - Patient Name
- 6 - Patient Sex
- 7 - Patient Race (White, Black, Hispanic or Other)
- 8 - Patient Date of Birth (MM-DD-YY)
- 9 - Consent Signed (MM-DD-YY)

DWIIH will only provide you with a **Procedure Confirmation Number (PCN)** after line 1-9 data has been provided to DWIIH. Please record date and name of the person giving you the PCN for your records.

- 10 - Appointment with Surgeon (MM-DD-YY)
Notify DWIIH within 35 days from the date the consent was signed with the patient's appointment date with the surgeon. This can be done by FAX, but you must verify DWIIH receipt. **If DWIIH not notified by that date, the encumbered funds will be released.**
- 11 - Procedure Scheduled (MM-DD-YY)
Notify DWIIH as soon as possible to provide the date patient is scheduled for surgery but no later than 30 days after the initial appointment date to see surgeon.
- 12 - Procedure Performed (MM-DD-YY)
Notify DWIIH within 95 days from the date the consent was signed with the actual date the sterilization procedure was done. This should be done by phone to be sure the information is received on time, but may be sent by FAX or email. If DWIIH is not notified by that date, the encumbered **funds for the patient's sterilization procedure will be released.**

- **** Patient's experiencing complications and/or requiring follow-up medical services related to their sterilization procedure, must be reported by the coordinator to the Central Office. Approval for follow-up services are necessary and will be approved on a case by case basis.

NOTE: ANY STERILIZATION PROCEDURES TAKING PLACE AFTER THE FUNDS HAVE BEEN RELEASED WILL NOT BE COVERED BY THE PROGRAM.

HEALTH DISTRICT COST CODE LIST

Central Shenandoah	001 or 401
Lord Fairfax	002 or 402
Rappahannock	003 or 403
Rappahannock/Rapidan	004 or 404
Thomas Jefferson	005 or 405
Alexandria	006 or 406
Arlington	007 or 407
Fairfax	009 or 409
Loudoun	010 or 410
Prince William	011 or 411
Alleghany	012 or 412
Central Virginia	013 or 413
Cumberland Plateau	014 or 414
Pittsylvania/Danville	015 or 415
West Piedmont	016 or 416
Lenowisco	017 or 417
Mount Rogers	018 or 418
New River	019 or 419
Roanoke	020 or 420
Chesterfield	021 or 421

HEALTH DISTRICT COST CODE LIST

Crater	022 or 422
Hanover	023 or 423
Henrico	024 or 424
Piedmont	025 or 425
Richmond	026 or 426
Southside	027 or 427
Chesapeake	028 or 428
Eastern Shore	029 or 429
Hampton	030 or 430
Norfolk	032 or 432
Three Rivers	033 or 433
Peninsula	034 or 434
Western Tidewater	035 or 435
Virginia Beach	036 or 436
Portsmouth	039 or 439

SECTION 4

CPT Codes

All Areas

**ALL AREAS INCLUDING NORTHERN VIRGINIA
(Alexandria, Arlington, Fairfax, Loudoun, & Prince William County)**

CPT CODE LISTING

VASCULAR INJECTION PROCEDURES			N.VA.
36000	Insert Needle or Intracatheter, vein	19.86	21.85
INTRA-ARTERIAL			
36140	Introduce Needle-Extremity Artery	389.42	428.36
36410	Venipuncture requiring MD's skill - Diagnostic/Therapeutic	13.32	14.65
36415 G0001	Venipuncture-routine or finger stick	3.00	3.30
VAS DEFERENS			
55200	Vasectomy, cannulization with or without incision	438.36	482.20
55250	Vasectomy, unilateral or bilateral	383.44	422.20
LAPAROSCOPY/PERITONOSCOPY/HYSTEROSCOPY			
56301	Laprosopic/fulguration of oviducts	309.22	SAME
56302	Laprosopic/occlusion by devise	325.85	SAME
56304	Laprosopic/lysis of adhesions	483.50	SAME
OVIDUCT			
5J48 74740	Hystersalpingography, Radiological Supervision and Interpretation	53.57	SAME
58301	Removal of Intrauterine Device (IUD)	89.93	98.92
58340	Catheter for Hysterography	130.35	143.39
58565	Essure Hysteroscopic Tubal Sterilization – Category I Planned Parenthood of Southeastern VA only	2,500.00 (This fee includes everything)	
58565	Essure Hysteroscopic Tubal Sterilization – Category I	1,816.54	SAME
58600	Ligation/Transection Fallopian tubes	325.24	SAME
58605	Ligation/Transection Fallopian tube(s)-pp	294.87	SAME
58611	Ligation/Transection Fallopian Tube(s), c-section or intra-abdominal	72.51	SAME
58615	Occlusion Fallopian Tube(s) Device	244.79	SAME
58660	Laparoscopy, Surgical With Lysis	461.74	SAME
58661	Laparoscopy, Surgical With Removal	451.43	SAME
58670	Laparoscopy/Fulguration of Oviducts (w/or wo transection)	329.05	SAME
58671	Laparoscopy/Occlusion Oviducts by Device	330.43	SAME
58700	Salpingectomy, complete or partial unilateral or bilateral	649.46	SAME
58740	Lysis of Adhesions	754.42	SAME
INJECTION, DRAINAGE, OR ASPIRATION			
62274	Injection/therapeutic anesthetic(Epidural)	71.56	SAME
CHEST			
71010	Radiologic exam, chest; single view, frontal	19.31	SAME
71020	Radiologic chest, two views, frontal & lateral	24.29	SAME

METABOLIC PANEL			
80049 (80048)	Basic	11.70	12.48
80050	General	17.88	14.61
80054 (80053)	Comprehensive	12.48	
URINALYSIS			
81000	By dip stick or tablet reagent	4.37	SAME
81001	By dip stick or tablet reagent	3.96	SAME
81002	By dip stick or tablet reagent	3.54	SAME
81003	By dip stick or tablet reagent	3.10	SAME
81025	Urine Pregnancy Test	8.74	SAME
MOLECULAR DIAGNOSTICS			
84702	Hcg Quantitative Pregnancy Test	12.00	SAME
84703	Hcg Quantitative Pregnancy Test	10.38	SAME
HEMATOLOGY AND COAGULATION			
85014	Blood count, other than spun hematocrit	3.27	SAME
85018	Hemoglobin	3.27	SAME
85021	Hemogram, automated (RBC,WBC,Hgb, manual CBC)	7.72	SAME
85024	Blood Count	10.78	SAME
85025	CBC, Hemogram, Platelet	10.53	SAME
85027	Hemogram & platelet count, automated	8.95	SAME
85031	Blood count, manual CBC (4 or more indices)	8.18	SAME
85060	Blood smear	17.41	SAME
85610	Prothrombin Time	5.43	SAME
85730	Thromboplastin Time Partial	8.30	SAME
CHLAMYDIA CULTURE			
86317	Immunoussay for infectious agent antibody, qualitative	11.00	SAME
SURGICAL PATHOLOTHY			
87070	Culture, Bacteria	10.00	SAME
87081	Bacterial screening only for single organisms	9.16	SAME
87086	Culture, Bacterial Quantitative	10.00	SAME
87205	Smear, Primary Source	5.77	SAME
87210	Smear, Primary Source	5.96	SAME
87490	Infectious agent detection by nucleic acid	27.05	SAME
87491	Infectious agent detection by nucleic acid - chlamydia	45.45	SAME
87590	Infectious agent detection by nucleic acid	27.05	SAME
87591	Infectious agent detection by nucleic acid – neisseria gonarrah	45.45	SAME
88141	Cytopathology Cervical or Vaginal requiring interpretation by physician	17.67	SAME
88142	Cytopathology Cervical or Vaginal collected in preservative fluid	28.00	SAME
88150	Pap Smear	7.15	SAME
88156	Cytopathology, Smears, Cervical	7.15	SAME

88164	Cytopathology	7.15	SAME
88165			
88300	Surgical Pathology – Level I	16.04	SAME
88302	Surgical Pathology - Level II	34.26	SAME
88304	Surgical Pathology – Level III	44.06	SAME
88305	Surgical Pathology – Level IV	75.87	SAME
88307	Surgical Pathology – Level V	141.14	SAME
88309	Surgical Pathology – Level VI	212.11	SAME
89300	Semen Analysis, presence and/or motility of sperm including Huhner test	7.97	SAME
89310	Sperm Count	4.78	SAME
89320	Semen Analysis, complete	12.09	SAME
CARDIOGRAPHY			
93000	EKG Routine	18.22	20.04
93005	EKG Tracing Only without Interp & Report	11.70	12.87
93010	EKG Report Only	6.53	7.18
MISCELLANEOUS SERVICES			
A4550	Surgical Tray	25.00	SAME
99000	Specimen, Handling	3.57	3.93
99024	Postop F/U Visit included in Global Service	Included In Surgery Fee	
99070	Supplies/Materials	28.75	SAME
99141	Sedation w/wo Analgesia (conscious sedation) Intravenous	76.63	76.63
OFFICE OR OTHER OUTPATIENT SERVICES			
99201	Office or Other Outpatient Visit for Evaluation & Management	25.01	27.51
99202	Office or Other Outpatient Visit for Evaluation & Management	42.98	47.28
99203	Office or Other Outpatient Visit for Evaluation & Management	62.16	68.38
99204	Office or Other Outpatient Visit for Evaluation & Management	95.18	104.70
99205	Office or Other Outpatient Visit for Evaluation & Management	120.19	132.21
99211	Office or Other Outpatient Visit for Evaluation & Management	13.36	14.70
99212	Office or Other Outpatient Visit for Evaluation & Management	25.01	27.51
99213	Office or Other Outpatient Visit for Evaluation & Management	41.52	45.67
99214	Office or Other Outpatient Visit for Evaluation & Management	62.64	68.90
99215	Office or Other Outpatient Visit for Evaluation & Management	84.25	92.68
99241	Office Consult - New & Established Patient	32.78	36.06
99242	Office Consult - New & Established Patient	61.44	67.58
99243	Office Consult - New & Established Patient	84.01	92.41

99244	Office Consult - New & Established Patient	124.80	137.28
99245	Office Consult - New or Established Patient	152.49	167.74
99385	Initial Comprehensive Preventive	73.33	80.66
99395	Periodic Comprehensive Preventive	60.94	67.03

SECTION 5

Contract Care Provider Listings

**Anesthesiologist
Facilities
Pathologists
Radiologists
Surgeons**

SECTION 6

Billing Guidelines

Billing Process: Coordinator

TO THE COORDINATOR

The billing process is now the responsibility of the Central Office; however, the assistance of the coordinators is still needed. Please ensure all providers are aware to send bills to Virginia Department of Health, 109 Governor Street, Division of Women's and Infants Health, 8th Floor, West, Richmond, Virginia, 23219; Attn: **Ardriene Stuart**.

Inform patients to forward any bills they receive at home to you at the local health department. Please verify the bills are related to the procedure and forward them on to the Central Office at the aforementioned address.

It may be necessary throughout the year to contact you for verification on issues related to patient procedures, invoices and providers.

SECTION 7

Addendum Counseling

Counseling For Voluntary Surgical Contraception – Guidelines for Program in the United States

Information for Women – Your Sterilization Operation (English & Spanish)

Information for Men – Your Sterilization Operation (English & Spanish)

COUNSELING FOR VOLUNTARY SURGICAL CONTRACEPTION

GUIDELINES FOR PROGRAMS IN THE UNITED STATES



Association for Voluntary Sterilization, National Division

Revised 07/08

COUNSELING OBJECTIVES

1. To ensure a voluntary, informed choice to undergo surgical contraception by producing complete, accurate, unbiased information about Voluntary Sterilization Contraception (VSC) and all alternatives in terms the client can understand. This includes explaining all written materials and reading to the client all forms that he or she must sign.
2. To identify and address any doubts or misconceptions the client may have about VSC, to avert postoperative regret, and to help the client choose an alternative course of action if it is appropriate.
3. To ensure that the client who decides to proceed with surgical contraception does so without any coercion.
4. To fulfill the legal requirements for informed consent by:
 - a. documenting the discussion and the client's voluntary decision for VSC
 - b. completing informed-consent form.
5. To provide information about financial arrangements and about the policies and procedures of the hospital, clinic, or private practice where the surgery will be performed; to assist in scheduling surgery or to refer the client for other services, if needed.
6. To ensure that the client or partner has interim contraceptive protection and any instructions needed to prevent pregnancy, either until the time of procedure (in cases when there is a wait between counseling and surgery) or after the procedure (in vasectomy cases).

MINIMUM RESOURCES FOR EFFECTIVE COUNSELING

1. A trained health professional responsible for counseling.
2. A Separate area of room.
3. Visual aids to illustrate anatomy and the physiological consequences of surgical contraception.
4. Request forms of informed-consent forms with copies for the client (in the client's own language).
5. Immediate access to temporary birth control methods or referrals, either for interim protection or as an alternative to "Voluntary Surgical Contraception (VSC)".

WHO CAN COUNSEL?

The client should be able to speak with a counselor of the same sex, if he or she desires. Any of the following categories of individuals, with proper training, can counsel clients:

1. Trained health educator

2. Trained nurse
3. Trained physician
4. Trained paramedic or health professional (for example, field worker, social worker)
5. Trained peer counselor (for example, a non-professional who has had VSC)

AND COMPETENCIES

KNOWLEDGE

1. Reproductive anatomy and physiology.
2. Sufficient medical background to ask the client basic medical screening questions.
3. How surgical contraction is performed, its physiological consequences, the various techniques used, and the methods of anesthesia available.
4. Asks and benefits of VSC, including the small chance of failure.
5. Risks and benefits of available family planning alternatives.
6. Medical and psychosocial contraindications to VSC.
7. Postoperative instructions, including what the client should expect to feel or experience and where he or she should go in case of complications.
8. Referral services available for alternative contraceptives or further counseling.
9. Legal or policy eligibility requirements for VSC.
10. Knowledge of applicable law.

INTERPERSONAL AND COMMUNICATION SKILLS

1. Ability to speak in a style and language that the client readily understands.
2. Ability to create a nonthreatening and nonjudgmental atmosphere that encourages the client to express reservations and ask questions.
3. Ability to listen and to identify possible psychosocial contraindications to VSC.
4. Respect for clients, including their ability to make their own decisions and their right to confidentiality.

5. Objectivity and lack of bias in presenting information.
6. Ability to deal comfortably and professionally with other people's feelings.
7. Cordial manner and tact in asking questions and making comments.
8. Ability to recognize when problems presented by clients require skills or knowledge beyond the counselor's capability (i.e., when to refer the client for further counseling).

OF COUNSELING

Counseling is an interactive process with several components.

1. The counselor elicits information and feelings from the client.
 - a. Contraceptive, social and sometimes the medical history
 - b. Reasons for requesting VSC
 - c. Attitudes and feelings about VSC
 - d. Anticipated response to a range of possible circumstances that may arise after the procedure (e.g., death of child, remarriage).
2. The counselor gives information
 - a. Reproductive anatomy and physiology
 - b. Risks and benefits of all available birth control methods, including VSC
 - c. The different VSC procedures and types of anesthesia that are available; the risks, benefits, and recovery time
 - d. Costs of the procedure
 - e. Tests and medication.
 - f. Postoperative effects
 - g. Pre and postoperative instructions
3. The counselor encourages the client to ask questions and express concerns.
4. The counselor assists the client to identify and address any doubts, and to come to a firm, informed decision for either VSC or an alternative.
5. The counselor probes for contraindications to VSC (e.g., unrealistic expectations, coercive motivation, psychological, or marital problems) and refers the client for further counseling, if it is needed.
6. The counselor advises the client of the following:
 - a. The expected permanence and usual irreversibility of VSC
 - b. The small risk of failure
 - c. Available contraceptive alternative and referral for services
 - d. The client's right to change his or her mind anytime before surgery.
 - e. The probability of regret by the client (male and female) post sterilization
7. The counselor documents the discussion and the client's request for VSC and obtains the client's mark or signature as a sign of concurrence.



Counseling may be done individually or in a group. The counselor must respect the client's right to confidentiality, must inform the client that private counseling sessions are available, and provide them if they are requested.

When the client is involved in a relationship, it is important to ascertain whether or not the partner agrees with the client's decision. It is generally desirable to involve both partners in the decision-making process. The incidence of sterilization regret is significantly lower among couples in which the partner supported the decision for voluntary surgical sterilization.



THE TIMING OF COUNSELING

WAITING PERIOD

Although it is recognized that some people give years of thought to their decision before requesting VSC, it is generally recommended that a waiting period be required between the time the client signs the informed-consent form and the time of surgery. A waiting period allows the client and his or her partner to think about the decision and provides an opportunity for him or her to withdraw the request for permanent contraception. Programs that use federal funds for sterilization must observe a thirty-day waiting period from the time the consent form is signed until the procedure is performed.

VSC ASSOCIATED WITH PREGNANCY: SPECIAL CONSIDERATIONS

When a client plans to undergo VSC immediately after delivery or abortion, particular care must be taken to ensure that the stress of the situation does not unduly influence the client's decision.

For clients who desire a sterilization at the time of delivery, counseling should be done during the prenatal period. Counseling should not be conducted nor consent obtained:

- **When a woman is in labor**
- **When a woman is sedated**
- **Immediately postpartum**

When possible, the client who is seeking postpartum surgical contraception should be counseled and should sign consent forms well in advance of her admission for delivery. When this is not possible and the woman seems ambivalent or under stress, it is best to postpone the procedure until her doubts can be resolved. If the client does not make a clear, voluntary decision within 48-72 hours of delivery, VSC should not be performed, and the client should be told that an interval procedure is possible, when and if she makes her choice. (an interval procedure is performed at least six weeks after delivery.) The woman should also be advised about temporary birth control methods to use in the mean time.

In case of a cesarean section, the same recommendations apply. Despite the obvious convenience, surgical contraception should not be performed in conjunction with a cesarean section unless the client has received through counseling and has given her consent before sedation or labor, if any occurs.



A physician may perform surgical contraception at the time of a vaginal delivery or a cesarean section without prior consent only if there are emergency medical indication (e.g., ruptured uterus).

Counseling for voluntary surgical contraception should not be conducted when the woman is feeling the effects of sedation. A minimum of one day should elapse between the time the medication was given and counseling.



GUIDELINES TO SAFEGUARD AGAINST COERCION

Encouraging an individual to undergo surgical contraception is coercive in the following situations:

1. When alternative contraceptive methods are not made readily available
2. When facts are misrepresented or incompletely presented
3. When the client is given a falsely limited view of the available options
4. When the counselor stresses the advantages of surgical contraception, downplays its risks, and minimizes the benefits of alternatives.

The advantages and disadvantages of all available alternatives must be presented. The counselor should make no effort to convince a client to choose surgical contraception over any suitable family planning alternative.

Clients should request surgical contraception freely, without force or inducement, fraud, deceit, constraint, or coercion. The role of the counselor is to provide information about surgical contraception, to assist the client in identifying and examining the various influences that have played a part in his or her request, and to help the client make an informed choice for either VSC or an alternative contraceptive method.

VOLUNTARY SURGICAL CONTRACEPTION

1. Gathering Information

A. Client's Personal Data

Name _____

Address _____

Age _____ Sex: M F Age of Partner _____

No. of living Children _____ Age of youngest child _____ Boys _____ Girls _____

Currently married/
Involved in stable union? Yes _____ No _____ If yes, since when? _____

Religion _____

Client's employment _____

Partner's employment _____

Any financial

Difficulties? _____

B. Client's Health Status

	Yes	No		Yes	No
Heart disease	ﻗ	ﻗ	Psychiatric illness	ﻗ	ﻗ
Anemia	ﻗ	ﻗ	Stroke	ﻗ	ﻗ
Bleeding disorders	ﻗ	ﻗ	Liver disease	ﻗ	ﻗ
Blood clots	ﻗ	ﻗ	Kidney disease	ﻗ	ﻗ
Varicose veins	ﻗ	ﻗ	Diabetes	ﻗ	ﻗ
High Blood Pressure	ﻗ	ﻗ	Malnutrition	ﻗ	ﻗ
Convulsions	ﻗ	ﻗ	Known allergy to any Medication or anesthetic	ﻗ	ﻗ
Inherited (genetic) Disease or defect in			Other allergies?	ﻗ	ﻗ
Client or partner's family	ﻗ	ﻗ	If yes, specify _____		
Taking any medication?	ﻗ	ﻗ	If yes, what? _____		

C. Client's (Partner's) Obstetrical History

COMPLICATIONS OF PREGNANCY OR ABORTION

No. times pregnant	_____	No. of cesarean sections	_____
No. of live births	_____	Postpartum hemorrhage	_____
No. of abortions	_____	Toxemia	_____
No. of spontaneous	_____	Malpresentation	_____
No. of induced	_____	Other obstetrical complication (specify)	_____
No. of stillbirths	_____		_____
Currently pregnant?	_____	Abortion complication	_____
Last menstrual period	_____	Currently nursing?	_____
Time since last delivery/or pregnancy	_____	History of menstrual problems	_____
Termination	_____		

D. Client's Contraceptive History

Currently using birth control? ☐ Yes ☐ No Method? _____

Length of time used? _____

Any problems with

Current method? ☐ Yes ☐ No If yes, specify _____

Any problems with other ☐ Yes ☐ No If yes, specify _____

Methods?

BIRTH CONTROL EVER USED

	Length of time used	Reason for discontinuing
Pills	_____	_____
IUD	_____	_____
Barrier (specify type)	_____	_____
Injectable	_____	_____
Withdrawal	_____	_____
Rhythm	_____	_____
Other (specify)	_____	_____
None ever used	_____	_____
Why not?	<input type="checkbox"/> Not available	<input type="checkbox"/> Fear of side effects
	<input type="checkbox"/> Not known	<input type="checkbox"/> Other (specify) _____

2. PROVIDING INFORMATION

A. Reproductive Anatomy and Physiology

Briefly explain, using visual aids.

B. The Alternatives

Explain the methods, risk, and benefits (including failure rate and possible side effects) of all available alternatives.

Method	Explained	Shown or Illustrated
Pills	☑	☑
IUD	☑	☑
Diaphragm or cap	☑	☑
Condoms	☑	☑
Foam	☑	☑
Suppository	☑	☑
Injectable	☑	☑
Other (sponge, cervical mucus, Basal body temperature, etc.)	☑	☑
VSC for partner	☑	☑
Withdrawal	☑	☑
Douching	☑	☑
Patch	☑	☑
Nuva Ring	☑	☑
No Method	☑	☑

C. Voluntary Surgical Contraception (VSC)

1. OVERVIEW OF FACTS

- VSC will prevent pregnancy for the rest of the client's life
- VSC cannot be reversed, except in rare cases
- VSC involves an operation
- VSC interrupts the passageways that carry the egg/sperm
- VSC does not remove any organs
- VSC does not stop menstrual periods
- VSC does not alter erection or ejaculation
- VSC does not biologically alter sexual drive, performance, or pleasure

2. BENEFITS

- VSC is the most effective contraceptive method available
- VSC can be performed on either partner
The risks are minimal if accepted medical standards are maintained. (Voluntary surgical contraception is the second safest method of birth control. The method with the lowest risk is the condom backed up by abortion.)

- The client is exposed to surgical risk once, compared to the ongoing risks of other contraceptive methods
- VSC does not require sustained motivation or the continuous inconvenience or expense of contraceptive supplies
- VSC does not change or interfere with sexual function
- Terminating fertility during or before the high-risk period of a woman's reproductive life (i.e., age 35 or older and/or more than three children) reduces the risks of maternal and infant morbidity and mortality

3. RISKS

- Risks related to all surgery:
 - Complications of applicable anesthesia
 - Excessive bleeding
 - Risk of infection
- Risks specifically related to the VSC procedure:
 - Chance of damage to other organs
 - Chance of granuloma or hematoma (for men)
- Risk of regret because of a future desire for children
- Small risk of failure because of the natural rejoining of the tubes or because of physician error (less than 1% failure rate)

4. AVAILABLE PROCEDURES

- Minilaparotomy: postpartum ف interval ف
- Laparoscopy ف
- Vasectomy ف
- Other, if available ف (specify) _____

5. ANESTHESIA (with fact sheets when available)

- General
- Regional (spinal or epidural)
- Local
- Choice, if available

6. POSTOPERATIVE INFORMATION AND INSTRUCTIONS

- Discomfort and possible side effects to expect
- Limitation of activity and time required for recuperation
- Instructions about caring for the incision
- Who to contact and where to go in case of pain or other complications (fever, swelling, bleeding, inflammation, etc.)
- For male clients, the need for birth control for at least 15 ejaculations to clear the passageways of sperm (to ensure sterility, two semen specimens taken at different times should be examined to confirm the absence of sperm).

D. Laws, Policies and Fees

- Minimum age for client eligibility
- Waiting period requirements, if any
- Spousal consent or notification requirements, if any
- Explanation of the informed-consent form
- Costs of surgery, tests, medication, and follow-up
- Notification that the client can change his or her mind at any time before surgery.

d. EXAMINING THE CLIENT'S FEELINGS AND REQUEST FOR VSC

i. Client's Reasons for Requesting Surgical Contraception (Check any that apply)

☐ Desire to assure no more children

Why no more children? _____

Why permanent contraception? _____

Why now? _____

☐ Other methods unavailable

☐ Other methods unacceptable

☐ Medically contraindicated

☐ Side effects

☐ Experienced

☐ Heard about

☐ Pressure from someone

If yes, from whom? _____

☐ Economic reasons

☐ Incentive or disincentive

If yes, explain _____

☐ Desire to continue or complete education

☐ Chronic or disabling disease

If yes, explain _____

☐ Medical risk with pregnancy

☐ Other reason (specify)

Why has the client, rather than the partner, chosen voluntary surgical contraception?

B. Client's Decision Process

Did the client discuss the decision with anyone? ڦ Yes ڦ No

If yes, with whom?

Does the client's partner agree? ڦ Yes ڦ No ڦ No partner

Did any person or outside influence motivate the client's request? ڦ Yes ڦ No

If yes, explain _____

Does the client feel pressured by?

ڦ Partner	ڦ Community
ڦ Other family member	ڦ Economics
ڦ Other (specify) _____	

Does the client have any sexual problems or problems with his or her partner? ڦ Yes ڦ No

Is the client certain he or she wants voluntary surgical contraception? ڦ Yes ڦ No

Does the client feel he or she would regret VSC?

If the client lost a living child or A current pregnancy?	ڦ Yes	ڦ No
--	-------	------

If the client lost his or her partner?	ڦ Yes	ڦ No
--	-------	------

If the client lost his or her partner and wanted to have Other children with a new partner?	ڦ Yes	ڦ No
--	-------	------

Because VSC might affect the client's self-image Or sexuality?	ڦ Yes	ڦ No
---	-------	------

If his or her economic status improved?	ڦ Yes	ڦ No
---	-------	------

When young children are older and child Care responsibilities are reduced?	ڦ yes	ڦ No
---	-------	------

Can the client imagine any circumstances
which he or she would regret having had VSC?

نعم Yes

لا No

If yes, describe the circumstance _____

If yes, what would the client do? _____

CONCLUSION OF SESSION

A. Counselor's Assessment (circle applicable words)

1. Client is/is not suitable for VSC
2. Client does/does not understand the performance of VSC, as well as the contraceptive alternatives
3. Client is/is not making a voluntary, informed choice without coercion or inducement
4. Client's questions have/have not been encouraged and answered satisfactorily
5. Client does/does not require further counseling

B. Informed-Consent Form

1. Explain the form, and read it aloud for the client. (Provide other-language materials or an interpreter for non-English-speaking clients when needed)
2. Obtain the signature or mark of the client and of a witness, and sign the form attesting to the completion of thorough counseling
3. Give the client a copy of the completed form with instructions to bring it to the service facility at the time of surgery

C. REFERRAL APPOINTMENT (check any that apply)

	Facility	Date
ف VSC surgery appointment	_____	_____
ف Family planning clinic	_____	_____
ف For interim protection	_____	_____
ف For alternative method	_____	_____
ف Antenatal clinic	_____	_____
ف Child clinic	_____	_____
ف Mental health professional	_____	_____
ف Other (specify)	_____	_____

D. INTERIM BIRTH CONTROL (circle all applicable words)

1. Interim birth control is/is not required
2. Interim birth control has/has not been provided
3. Instructions have/have not been provided
4. Referral has/has not been provided
5. Method chosen: _____

E. HOW DID THE CLIENT HEAR ABOUT SERVICES?

	Re: VSC	Re: Clinic
ف Health Staff	ف	ف
ف Radio	ف	ف
ف Newspaper	ف	ف
ف Other (specify) _____		

How far did the client have to travel to the clinic? _____

How much time will pass between the client's first visit and the date of surgery (if known)?

Counselor's Name: _____

Counselor's Signature: _____

Date: _____

■ INFORMATION ■ FOR WOMEN



Your Sterilization Operation

NOTICE:

YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

You will find a sample consent form at the back of this pamphlet.

Why This Pamphlet Is Important to You

Sterilization is an operation that is intended to be permanent. This pamphlet describes the sterilization operation for women and its benefits, discomforts, and risks. Other family planning methods that are not permanent are also described. You should feel free to ask your doctor any questions after you have read the pamphlet completely.

Both men and women can be sterilized. This pamphlet is about sterilization operations for women. (Ask your doctor or clinic for the pamphlet on sterilization for men.)

If the Federal government is to pay for your sterilization, certain conditions must be met. They are listed on page 8. The purpose of these conditions is to ensure that you understand sterilization and that you choose freely to have this operation.

Making Up Your Mind

Sterilization must be considered permanent. For most women, once this operation has been done, it can never be undone. Some doctors try to undo a sterilization with surgery. This is a difficult and expensive operation, and often it doesn't work. Some people call sterilization "tying the tubes." But don't think the tubes can be easily untied! They can't. So it's not a good idea to think your sterilization can be undone.

Make sure you do not want to bear children under any circumstances before you

decide to be sterilized. Are you sure you would not want to have children even if one of your present children died? Or your husband died? Or you got divorced and remarried? Be sure of your decision before you decide to be sterilized. Talk it over with your family or others you trust.

No one can force you to be sterilized! Don't let anyone push you into it. If you do not want to be sterilized, no one can take away any of your Federal benefits such as welfare, Social Security, or health care—including sterilization at a later date. No one can force you to be sterilized as a condition for delivering your baby or performing an abortion.

To have this operation paid for with Federal funds, you must be at least 21 years old. If you are married, discuss the operation with your husband. However, his consent is not required if Medicaid or any Federal government program is going to pay for your operation. Your consent to sterilization cannot be obtained while you are in the hospital for childbirth or abortion, or if you are under the influence of alcohol or other substances that affect your state of awareness. You must sign the consent form at least 30 days before you plan to have the operation. This is so you will have at least 30 days to think it over and discuss it with your family and others. You may change your mind any time before the operation and cancel your appointment.

Other Methods of Family Planning

There are many other ways to avoid pregnancy. Before you decide to be sterilized, think about other methods of family planning.

Temporary Methods of Family Planning

The following methods of family planning are temporary. This means that when you or your partner do not use them you can become pregnant. Temporary methods of family planning are effective only if you use them correctly. If you think you might want to become pregnant later, you should use a temporary method of family planning instead of sterilization. Ask your doctor or clinic for pamphlets and counseling on any of these temporary methods of family planning.

Birth Control Pill—A pill a woman takes regularly which is 97 percent effective in preventing pregnancy. It is usually safe. In some women the pill causes minor side effects such as darkening of the skin of the face, nausea, spotting, missed periods or tender breasts. More serious complications which occur infrequently include depression, increased tendency for abnormal blood clotting, increased risk of heart attack and stroke (especially in women over age 35 who smoke), and a small increased risk of liver or gall bladder disease.

Intrauterine Device (IUD)—A small piece of plastic is inserted into a woman's uterus (womb) by a doctor or family planning clinician. It is 94 percent effective in preventing pregnancy. IUD use can cause heavier periods and cramps. A serious complication in couples who are not mutually faithful is increased risk of sexually

transmitted infection which can cause infertility.

Diaphragm, Cervical Cap, or Contraceptive Sponge—A rubber cup or sponge a woman places in her vagina over her cervix before intercourse. The diaphragm or cap must be used with contraceptive gel or cream for it to be effective. The diaphragm or cap is 82 percent effective in preventing pregnancy. The sponge contains a contraceptive already. The effectiveness rate of the sponge is 82 percent for women who have not had children and 72 percent for women who have had children. There is little risk of serious complications, but minor side effects such as vaginal and urinary tract infections may occur. Benefits include some protection against sexually transmitted diseases.

Contraceptive Foam, Cream, Gel, Tablet or Film (Spermicide)—Spermicidal preparations a woman places in her vagina each time before intercourse. They are 79 percent effective in preventing pregnancy. They occasionally cause minor side effects such as allergic reactions. Benefits include some protection against sexually transmitted diseases.

Condom, Rubber, Prophylactic—A thin sheath of rubber the man places over his penis each time before intercourse. In general use, it is 88 percent effective in preventing pregnancy. There are no serious side effects. A condom can be used with contraceptive foam, cream or gel, or with a diaphragm for extra protection. Condoms give protection against sexually transmitted diseases including HIV/AIDS.

Natural Family Planning—A type of family planning in which intercourse is avoided on the days each month when a woman is likely to get pregnant. In general use, it is

80 percent effective in preventing pregnancy. Natural family planning consists of several methods, all of which require instruction. Different methods involve some combination of:

- charting the menstrual periods;
- charting the woman's body temperature;
- checking the cervical mucus;
- checking the position and texture of the cervix.

Effectiveness requires cooperation between partners. There is no risk of complications. No drugs or devices are necessary. Natural family planning teaches a woman about her own fertility patterns.

Norplant —A set of 6 hormone-containing capsules that are inserted beneath the skin of the inner upper arm and can remain effective for 5 years. It is over 99 percent effective in preventing pregnancy. Its effectiveness is decreased in women who weigh over 150 pounds. Most women using Norplant will have an abnormal bleeding pattern. Other minor side effects may occur, such as headache, nervousness, nausea, dizziness. A health care provider must insert or remove Norplant in a procedure which lasts 15-20 minutes. Norplant does not protect against sexually transmitted diseases including HIV/AIDS.

Sterilization for a Man

A man can be sterilized by an operation called a vasectomy. This operation is intended to be permanent. It is simpler, quicker, and safer than the sterilization operation for a woman, so you and your partner may decide that it is better for him to have the sterilization operation. Sterilization does not offer protection against sexually transmitted diseases, including

HIV/AIDS. (Ask your doctor or clinic for the pamphlet on sterilization for a man.)

What About Abortion?

Abortion does not prevent pregnancy. It is an operation to terminate a pregnancy which has already started.

This pamphlet does not address abortion; it only addresses ways to avoid pregnancy.

When Can a Woman Have a Sterilization Operation?

A sterilization operation can be done at different times. A talk with your doctor or clinic can help you decide what might be most suitable for you.

A woman may choose to have a sterilization operation at any time in her life. It doesn't matter if she is not married or doesn't have children. It is up to her. Sterilization done at too young an age or before a woman has any children may result in regret later. Circumstances can also change in your life which might cause you to regret your decision to be sterilized.

A woman can have a sterilization operation right after having a baby. This means that a woman may want to be sterilized while she is in the hospital for the delivery. A woman should think about this early in her pregnancy because in order for the sterilization to be paid for with Federal funds she must sign the consent form at least 30 days before the baby is due. If the woman delivers prematurely or has emergency abdominal surgery at least 72 hours after she has signed the consent form, she does not need to wait 30 days, and the sterilization may be performed at the same

time as the other surgery. She should be sure that she does not want to have children again even if the baby does not live very long after birth.

A woman can have a sterilization operation at the same time she has a baby by cesarean section. A sterilization operation can be done at the same time through the same incision, but the woman must make up her mind at least 30 days before the baby is due.

A woman can have a sterilization operation when she is having another type of surgery if she has signed the consent form at least 30 days previously.

A woman can have a sterilization operation done at any other time as well. The operation need not be done at the time of childbirth, cesarean section or another surgery.

Facts About the Operation

The surgical method of family planning is called a tubal sterilization or tubal ligation.

In this operation the doctor blocks your two tubes to prevent the sperm and egg from uniting. (See figure below.) Menstruation (monthly period) continues following sterilization. Tubal sterilization will not cause menopause (change of life). Sterilization does not offer protection against sexually transmitted diseases, including HIV/AIDS.

Is the Operation Guaranteed to Work?

Tubal sterilization works almost all the time. On the average only 4 out of every

1,000 women who have the operation will still get pregnant. Failures occur when sterilization surgery is performed after the woman is already pregnant or when there is incomplete blocking of the woman's tubes. You should use some temporary method of family planning until you have your operation.

The Anesthetic

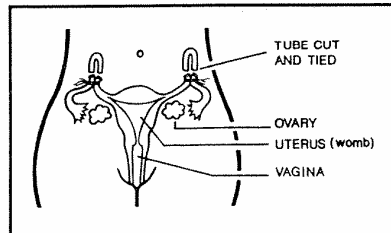
With any method of sterilization, you will first be given an anesthetic (a drug to keep you from feeling pain during the operation). A medical person who specializes in anesthesia may do this part of the operation.

Sometimes the operation is done under "general" anesthesia. That means you will be asleep during the operation. The drugs used are a gas which you inhale and/or a liquid given to you by injection.

Sometimes the operation is done under "local" anesthesia or "spinal" anesthesia. That means you are awake.

A local anesthetic is given by injection into the skin. It makes your skin numb.

A spinal anesthetic is given by injection low in the spine. This type of injection makes you feel numb from the waist down.



With local or spinal anesthesia, you may also be given pills or another injection to help you relax.

You should have a chance to discuss and participate in the decision regarding your type of anesthesia before your operation.

Benefits of Tubal Sterilization

The benefits of tubal sterilization are:

- You never have to use a temporary method of family planning again (such as the pill or the diaphragm).
- You don't have to worry about getting pregnant.

Discomforts and Risks

No matter which type of operation you have, you can expect to feel pain and soreness in your abdomen for a few days. You can take medicine to help relieve the discomfort.

If you had general anesthesia, you may have a sore throat for a day or two from the tube used to keep your airway open while you were asleep. This goes away quickly and is not serious. Spinal anesthesia may give some persons a temporary headache.

Sterilization operations have some risks, including a very small risk of death. This is true of any type of operation. Serious problems rarely happen. Most of the time serious problems can be treated and cured by the doctor without further surgery; however, an operation may be necessary to correct some of these problems.

Some of the medical problems you could have during or after a sterilization operation include:

1. You may bleed from the incision on your skin or in your vagina.
2. You may bleed inside your abdomen. (Another operation may be necessary to stop the bleeding.)
3. You may get an infection on or near the stitches or inside your abdomen.
4. The operation may not make you sterile. The operation cannot be guaranteed 100% to make you sterile. On the average 4 out of 1,000 women get pregnant after the operation. When this happens there is a possibility that the pregnancy may be in the tube. This would require immediate medical or surgical care.
5. As in other operations, the anesthetic drug used to put you to sleep or to make the operation painless may cause problems. You may vomit while under anesthesia and additional complications may result. As with all surgery, complications sometimes lead to death.
6. You may have damage to your internal organs, such as your bowel or bladder. More medical care or another operation may be necessary to repair the damage.
7. Some women have reported irregular periods, increased cramping or changes in their periods after sterilization.

Go back to your doctor at once if you get a fever or severe pain in your abdomen soon after surgery. Either of these could be signs that you have an infection.

Four Types of Tubal Sterilization

The operation you have depends on your health and your doctor. Talk to him or her about which operation you will have.

1. Laparotomy, Mini-laparotomy
2. Laparoscopy
3. Postpartum tubal sterilization
4. Vaginal tubal sterilization

Laparotomy, Mini-Laparotomy

In both of these operations, the doctor makes an incision (cut) in the lower portion of your abdomen. The difference between the two is the length of the incision and the extensiveness of the surgery. In a mini-laparotomy the incision is very short (one or two inches) and leaves only a small scar. In a laparotomy it is much longer (three to five inches) and leaves a longer scar. Ask your doctor which method he or she uses.

Through the incision on the abdomen, the doctor can reach both tubes, one at a time. The doctor can either remove a section and then use surgical thread to tie the tubes shut or seal them with electric current, bands or clips. After the tubes are sealed, the incision on your abdomen is stitched closed.

The operation, including the anesthesia, takes about 30 minutes. With a mini-laparotomy, you will probably stay in the hospital less than 24 hours and be back to normal in two or three days. With a laparotomy, you will probably be in the hospital two or more days, and it may be two weeks before you feel back to normal.

Laparoscopy

Using a special needle, the doctor inflates your abdomen with gas which pushes your

intestines away from your uterus and tubes.

The doctor then makes a small incision about one-half inch long near your navel. A "laparoscope," or special instrument, is inserted through this incision. It is a thin metal tube with a light on it which allows the doctor to see your tubes, and through which the doctor can insert the operating instruments. Your tubes are sealed by the use of electric current, bands, or clips. Some doctors make a second small incision near the pubic hair line to insert one of the operating instruments.

After the gas in your abdomen is released, the incision is closed.

The operation, including the anesthesia, takes about 30 minutes. You will probably stay in the hospital less than 24 hours and be back to normal in two or three days. Because of the gas, you may feel a pain in your neck or shoulders, and you may feel bloated after the surgery. This goes away after a day or two.

Postpartum Tubal Ligation

This operation is done in the hospital shortly after a woman has a baby. The doctor makes a small incision below your navel. The doctor then closes off a section of each tube using surgical threads. After the tubes are tied, a small section between the ties is removed. The incision below your navel is stitched closed.

The operation, including the anesthesia, usually takes about 30 minutes. Having the operation may make your hospital stay a day or two longer. How fast you get better will depend on how you feel after having the baby.

SUMMARY

Vaginal Tubal Ligation

In this operation, the doctor makes a small incision far back in the vagina. Through this, the doctor finds your tubes, then closes them off with electric current, bands, or clips, or by removing a small section and closing the ends with surgical threads. After the tubes are sealed, the incision in your vagina is stitched closed.

Sometimes the doctor will use a metal tube with a light (called a culdoscope) to find your tubes.

The operation, including the anesthesia, usually takes about 30 minutes. Your stay in the hospital will probably be less than 24 hours. You should be back to normal in two or three days. After this type of operation, you should not have intercourse for three to four weeks so the vagina can heal.

What About Hysterectomy?

Hysterectomy is the removal of the uterus. A hysterectomy should be done only when there is a disease of the woman's uterus or some other problem that is appropriately treated by removal. Hysterectomy should never be performed for sterilization alone.

A hysterectomy is a much more serious operation than a tubal sterilization. A hysterectomy takes much longer to do, and the woman is in the hospital longer. There are more discomforts, and there is a greater chance of serious complications as a result of hysterectomy. For these reasons, neither Medicaid nor any other Federal program will pay for a hysterectomy if you are having it solely to avoid bearing children.

If you are sure you do not want to bear children and you want to become permanently sterile, then tubal sterilization is a safe, effective option. It requires a short stay in the hospital, and problems are rare.

If You Have Questions

If there is anything that is not clear to you, or anything you are worried about, it is important that you ask these questions. All of your questions should be answered to your satisfaction before the operation.

REMEMBER

You may change your mind at any time before the operation. Make sure you do not wish to bear children under any circumstances before you decide to be sterilized.

RULES FOR STERILIZATION OPERATIONS FUNDED BY THE FEDERAL GOVERNMENT

- You must be at least 21 years old.
- You must wait at least 30 days to have the operation after you sign the consent form except in instances of premature delivery or emergency abdominal surgery that take place at least 72 hours after consent is obtained.
- Your consent to sterilization cannot be obtained while you are in the hospital for childbirth or abortion, or under the influence of alcohol or other substances that affect your state of awareness.
- You may, if you choose, bring someone with you when you sign the consent form.
- Your consent is effective for 180 days from the date you sign the consent form.

Your consent to sterilization must be documented by signing a consent form identical or similar to the sample attached to this pamphlet.

SAMPLE CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ (doctor or clinic). When I first asked for

the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____ Month Day Year

I, _____, hereby consent of my own free will to be sterilized by _____ (doctor)

by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature _____ Date: _____
Month Day Year

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- ☐ American Indian or ☐ Black (not of Hispanic origin)
☐ Alaska Native ☐ Hispanic
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter _____ Date _____

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent _____ Date _____

Facility _____

Address _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____

Name: individual to be sterilized _____ Date: sterilization operation _____
I explained to him/her the nature of the sterilization operation _____, the fact that _____, specify type of operation _____

it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
☐ Emergency abdominal surgery:
(describe circumstances): _____

Physician _____

Date _____

This pamphlet has been prepared by the U.S. Department of Health and Human Services. It describes the sterilization procedures used in current medical practice. The pamphlet contains a sample of the consent form which, unless another form is approved by DHHS, *must* be used for sterilizations paid for with Federal funds. Both the pamphlet and consent form comply with regulations: 42 CFR 50.201 et seq. and 42 CFR Part 441, Subpart F.

Issued, 1978; Revised, 1991.

*U.S. Government Printing Office: 1993 — 357-505

■ INFORMACION ■ PARA LA MUJER



sobre La operación para la esterilización

AVISO:

LA DECISION DE NO HACERSE LA CIRUGIA U OPERACION PARA LA
ESTERILIZACION QUE USTED PUEDE TOMAR EN CUALQUIER MOMENTO, NO
VA A RESULTAR EN LA REVOCACION O EL REHUSO DE BENEFICIOS
PROPORCIONADOS POR PROGRAMAS O PROYECTOS PATROCINADOS CON
FONDOS FEDERALES

Encontrará un ejemplo del formulario legal de consentimiento (permiso) al final de esta
publicación

La importancia de este folleto

La esterilización es una operación (cirugía) de resultados permanentes. Este folleto para las mujeres describe la operación para la esterilización y sus beneficios, molestias y riesgos. También se describen otros métodos no permanentes para la planificación familiar. Usted puede preguntarle a su médico sobre cualquier duda que tenga después de haber leído todo este folleto.

Tanto los hombres como las mujeres pueden ser esterilizados. Este folleto trata sobre la esterilización de la mujer. (Pídale a su médico o en la clínica que le den un folleto sobre la esterilización del hombre).

Si el gobierno federal va a cubrir el costo por su operación para la esterilización, tiene que cumplir con ciertos requisitos que se presentan en la página 8. El propósito de estos requisitos es asegurarse que usted entiende el proceso para la esterilización y el hecho que es una operación que uno elige voluntaria y libremente.

Para tomar la decisión

Usted debe considerar la esterilización como una operación permanente. Para la mayoría de las mujeres, no hay manera de revertir esta operación una vez que se ha realizado. Algunos médicos tratan de revertir la esterilización por medio de una cirugía que es complicada y costosa, pero que frecuentemente no es exitosa. Algunas personas conocen a la operación de la esterilización como "ligar (amarrar) los tubos", pero esto no quiere decir que los tubos se pueden volver a "desligar" (desamarrar) fácilmente. ¡No se puede! Así que es importante que no crea que su operación de esterilización se puede revertir.

Antes de que la esterilicen tiene que estar segura que, bajo ninguna circunstancia, quiere tener hijos. ¿Está segura que no quisiera tener niños incluso si uno de sus hijos muriera, o si muriera su esposo, o si se divorciara y se volviera a casar? Tiene que estar segura de su decisión antes de que la esterilicen. Hable de este tema con su familia y con otras personas en quienes confía.

¡Nadie la puede forzar a que se esterilice! No deje que nadie la presione a hacerlo. Si usted no quiere que la esterilicen, nadie le puede quitar sus beneficios del gobierno federal como

la ayuda social ("welfare"), beneficios de jubilación o de desempleo, o beneficios de cuidado médico —incluyendo la operación para la esterilización en el futuro. Nadie la puede forzar a que la esterilicen como un requisito para que le den servicios de parto o para que le den servicios para un aborto.

Para que el gobierno federal pague por esta operación usted debe ser mayor de 21 años de edad. Si está casada, hable sobre la operación con su esposo, pero no es necesario tener permiso de él para que el Medicaid o cualquier programa del gobierno federal cubran el costo. El permiso para que le hagan la operación de la esterilización no se puede obtener mientras usted está en el hospital para dar a luz o para un aborto, o si se encuentra bajo la influencia del alcohol o otras sustancias que puedan afectar su claridad mental. Tiene que firmar el formulario de consentimiento (permiso) por lo menos 30 días antes de que quiera que le hagan la operación. De esta forma, usted tiene por lo menos 30 días para pensar sobre su decisión y para hablar con su familia y otras personas de confianza. Usted tiene derecho a cambiar su decisión en cualquier momento y cancelar su cita para la operación.

Otros métodos de control de la natalidad

Existen muchos otros métodos para evitar el embarazo. Antes de decidir si quiere ser esterilizada, considere el uso de otros métodos de planificación familiar.

Métodos temporales de planificación familiar

Los siguientes métodos de planificación familiar son temporales (no permanentes). Esto quiere decir que si usted o su pareja no usan estos métodos, existe la posibilidad de que quede embarazada. Los métodos temporales de control de la natalidad sólo funcionan si usted los usa correctamente. Si usted piensa que probablemente va a querer quedar embarazada en el futuro, debe usar un método temporal de planificación familiar en vez de la operación para la esterilización. Pida a su médico o en la clínica que le den folletos y

asistencia en cuanto a cualquiera de los métodos temporales de planificación familiar.

Píldora de control de la natalidad—Es una píldora que la mujer toma diariamente y que es 97 por ciento eficaz en la prevención del embarazo. Normalmente no hay riesgos en su uso. En algunas mujeres, la píldora causa efectos secundarios menores tales como el oscurecimiento de la piel de la cara, náusea, pequeños sangrados, esporádicamente no tener el período menstrual (la regla), y dolor en los senos. Las complicaciones más serias, que ocurren raramente, incluyen la depresión, una tendencia a padecer coagulación de la sangre anormal, mayor riesgo de tener ataques al corazón y derrames cerebrales (especialmente entre las mujeres que fuman y son mayores de 35 años de edad) y un pequeño aumento en el riesgo de padecer de enfermedades del hígado y de la vesícula biliar.

Dispositivo intrauterino—Es una pequeña pieza de plástico que un médico o un profesional de la salud introduce en el útero (matriz) de la mujer y que es 94 por ciento eficaz en la prevención del embarazo. El dispositivo puede causar sangrado más abundante durante el período menstrual (la regla) y cólicos menstruales. Una complicación sería ocurrir entre las parejas en las que no existe fidelidad mutua. Esta complicación es un riesgo más alto de contraer enfermedades venéreas que pueden causar infertilidad.

Diafragma, cubierta de la cerviz, o la esponja anticonceptiva—El diafragma es una media esfera de látex (plástico) suave que la mujer coloca dentro de su vagina cubriendo la cerviz antes de tener relaciones sexuales. Para que el diafragma o la cubierta sea eficaz, debe usarse con jalea o crema anticonceptiva. Este método es 82 por ciento eficaz en la prevención del embarazo. Por su parte, la esponja ya contiene una sustancia anticonceptiva y su grado de eficacia es de 82 por ciento para las mujeres que no han tenido hijos y de 72 por ciento para las mujeres que ya han tenido hijos. Existe un bajo riesgo de tener complicaciones severas, pero pueden ocurrir efectos secundarios menores como infecciones vaginales y del tracto urinario. Los beneficios incluyen algo de protección contra las enfermedades de transmisión sexual.

Espuma, crema, jalea, pastilla o espermicida anticonceptivos—Son preparaciones anticonceptivas que la mujer se coloca en la vagina antes de cada relación sexual y son 79 por ciento eficaces en la prevención del embarazo. Ocasionalmente causan efectos secundarios menores tales como las reacciones alérgicas. Los beneficios incluyen algo de protección contra las enfermedades de transmisión sexual.

Condón o preservativo—Una cubierta de látex (plástico) delgada que el hombre se coloca en el pene antes de la penetración durante las relaciones sexuales. Generalmente es 88 por ciento eficaz en la prevención del embarazo y no causa efectos secundarios serios. Para tener mayor protección, el condón se puede usar en combinación con espuma, crema o jalea anticonceptiva, o al mismo tiempo que se usa el diafragma. El condón proporciona protección contra las enfermedades de transmisión sexual incluyendo el SIDA/VIH ("AIDS/HIV").

Método natural de planificación familiar—Es un tipo de planificación familiar en la que se evitan las relaciones sexuales durante los días del mes en los que la mujer tiene mayor posibilidad de quedar embarazada. Por lo general es 80 por ciento eficaz en la prevención del embarazo. La planificación natural consiste de varios métodos, y la persona necesita instrucciones especiales para seguir cualquiera de ellos. Los diferentes métodos incluyen una combinación de lo siguiente:

- Hacer un calendario (o una gráfica) de los períodos menstruales;
- anotar los cambios de temperatura de la mujer;
- revisar la mucosidad cervical;
- revisar la posición y textura de la cerviz.

Para que sean eficaces estos métodos se requiere la cooperación de ambos miembros de la pareja. No existen riesgos o complicaciones y no se necesita ningún medicamento o dispositivos. Los métodos de control de la natalidad naturales le enseñan a la mujer sobre sus propios patrones de fertilidad.

"Norplant"—Son 6 cápsulas de hormonas que se insertan debajo de la piel en la parte interior superior del brazo de la mujer y permanecen

ahí por 5 años. Este método es más de 99 por ciento eficaz en la prevención del embarazo; pero es menos eficaz en mujeres que pesan más de 150 libras. La mayoría de las mujeres que usan "Norplant" presentarán patrones de sangrado anormales. También pueden ocurrir otros efectos secundarios menores tales como dolores de cabeza, nerviosismo, náusea y mareo. Un profesional de la salud puede introducir o sacar el "Norplant" en un procedimiento que dura entre 15 y 20 minutos. Este método no da protección contra las enfermedades de transmisión sexual o contra el SIDA/VIH ("AIDS/HIV").

La esterilización del hombre

El hombre puede ser esterilizado con una operación llamada vasectomía. Esta operación es de resultados permanentes. La operación del hombre es más sencilla, rápida y de menor riesgo que la operación para la esterilización de la mujer, así es que usted y su pareja pueden decidir que es mejor que le hagan al hombre la operación para la esterilización. La esterilización no le da protección en contra de las enfermedades de transmisión sexual, incluyendo el SIDA/VIH ("AIDS/HIV"). (Pida a su médico o en la clínica que le den un folleto sobre la esterilización del hombre.)

¿Y el aborto?

El aborto no es un método para prevenir el embarazo, es una operación para terminar un embarazo que ya se ha iniciado.

Este folleto no trata sobre el aborto, sólo trata sobre los métodos de prevención de la natalidad.

¿Cuándo es que le pueden hacer la operación para la esterilización a la mujer?

La operación para la esterilización se puede realizar en diferentes momentos. Hablar con su médico o alguien en su clínica le puede ayudar a decidir cuál es el mejor momento para usted.

La mujer puede elegir hacerse una operación para la esterilización en cualquier momento de su vida sin importar si aún no está casada o si no ha tenido hijos. La esterilización es una decisión totalmente de la mujer. Esterilizar a una mujer demasiado joven o que no ha tenido hijos puede resultar en que ella se arrepienta más tarde. Hay circunstancias en la vida que pueden cambiar y que pueden hacer que usted se arrepienta de haber tomado la decisión de esterilizarse.

La mujer puede ser esterilizada inmediatamente después de tener un bebé. Esto quiere decir que ella puede querer que se le esterilice mientras está en el hospital para dar a luz. La mujer debe pensar sobre esto desde el principio de su embarazo porque es necesario que tenga la forma de consentimiento (permiso) firmada por lo menos 30 días antes de que nazca el niño; si es que quiere que el gobierno federal pague por la operación. Si la mujer tiene un parto prematuro o tiene una cirugía abdominal por lo menos 72 horas después de haber firmado la forma de consentimiento, no tendrá que esperar 30 días y la esterilización se puede realizar al mismo tiempo que se realice la otra operación. Sin embargo, debe estar segura de que no quiere tener hijos; incluso si el bebé que dé a luz no vive por mucho tiempo después de haber nacido.

La mujer puede tener una operación para la esterilización al mismo tiempo que su bebé nazca por operación cesárea. La operación para la esterilización se puede hacer al mismo tiempo y a través de la misma incisión, pero ella debe tomar su decisión por lo menos 30 días antes del día en que espera tener al niño.

La mujer puede tener la operación para la esterilización al mismo tiempo que se le haga otro tipo de operación; si ella ha firmado la forma de consentimiento (permiso) por lo menos 30 días antes de la operación.

La mujer también puede tener la operación para la esterilización en cualquier otro momento. La operación no se tiene que realizar al mismo tiempo que dé a luz; que dé a luz a través de una operación cesárea; o durante alguna otra operación del abdomen.

Información sobre la operación

El método quirúrgico de planificación familiar se conoce como operación para ligar los tubos (trompas de falopio).

En esta operación el médico bloquea los dos tubos (trompas de falopio) para evitar que el espermatozoides llegue al óvulo; que es como se inicia el embarazo (vea la siguiente ilustración). La menstruación (la regla) continuará después que se realice la esterilización. La operación para ligar los tubos no causa la menopausia (el cambio de vida, dejar de tener la regla). La esterilización no da protección contra las enfermedades de transmisión sexual, incluyendo el SIDA/VIH ("AIDS/HIV").

¿Se garantiza que la operación será exitosa?

La operación para ligar los tubos es exitosa casi todo el tiempo. Un promedio de sólo 4 mujeres de cada 1000 quedarán embarazadas después de haberse hecho la operación. Estos embarazos ocurren cuando la mujer ya está embarazada antes de que se realice la esterilización, o si el bloqueo que se hace de los tubos durante la operación no es total. Usted debe usar un método temporal para el control de la natalidad hasta que le hagan la operación para la esterilización.

El anestésico

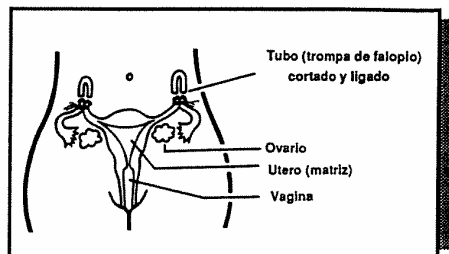
Como sucede con cualquier método de esterilización, usted recibirá un anestésico (un medicamento para que no sienta dolor durante la operación). Un profesional médico que se especializa en anestesiología probablemente realizará esta parte de la operación.

A veces la operación se realiza bajo anestesia "general", eso quiere decir que usted estará dormida durante la operación. Los medicamentos que se usan son un gas que se le da a respirar y/o un medicamento líquido que se le da a través de una inyección.

A veces la operación se realiza bajo anestesia "local" o anestesia "espinal" (epidural). Eso quiere decir que no siente dolor pero está despierta. El anestésico local se da a través de una inyección en la piel que hace esa parte de la piel insensible. El anestésico espinal (epidural) se da a través de una inyección en la parte baja de la columna vertebral (la espina dorsal). Este tipo de inyección la hace insensible de la

cintura para abajo. Para ayudarla a estar tranquila, al mismo tiempo que se le da la anestesia espinal, o local se le dará otra inyección o píldoras.

Antes de la operación usted debe tener la oportunidad de participar en la decisión sobre el tipo de anestésico que se le dará.



Beneficios de la operación para ligar los tubos

Los beneficios de la operación para ligar los tubos son:

- Nunca más tendrá que usar un método temporal de control de la natalidad (como el diafragma o la píldora de la natalidad).
- No se tiene que preocupar de quedar embarazada.

(La operación para la esterilización no la protege contra las enfermedades de transmisión sexual incluyendo el SIDA/VIH ("AIDS/HIV")).

Molestias y riesgos

No importa cuál sea el tipo de operación que elija, sentirá dolor y molestia en su abdomen por varios días después de la operación. Puede tomar medicinas que le ayudarán a aliviar el dolor.

Si le dieron anestesia general, probablemente tendrá la garganta irritada por uno o dos días debido al tubo que le introducen en la garganta para mantener el tracto respiratorio abierto mientras está dormida. Esta molestia desaparece pronto y no es peligrosa. La anestesia espinal puede darle dolor de cabeza temporal a algunas personas.

Las operaciones para la esterilización tienen algunos riesgos, incluyendo el riesgo de morir; este riesgo ocurre en cualquier tipo de operación. Por lo general los problemas serios se presentan raramente. En la mayoría de los casos, el médico puede tratar los problemas sin necesidad de realizar otra cirugía; sin embargo, a veces es necesario realizar otra operación para corregir algunos de estos problemas.

Algunos de los problemas médicos que podría tener durante o después de la cirugía para la esterilización son los siguientes:

1. Puede que sangre la herida en su abdomen o vagina.
2. Puede que sangre dentro de su abdomen. (Probablemente se necesitará otra operación para detener este sangrado).
3. Puede que le dé una infección en o cerca de las puntadas de su herida o dentro del abdomen.
4. Es posible que la operación no la deje estéril. La operación para la esterilización no se puede garantizar un 100 por ciento. Un promedio de 4 mujeres de cada 1000 quedan embarazadas después de haberse hecho la operación. Cuando esto sucede, existe la posibilidad que el embarazo haya ocurrido en la trompa de falopio. Esto tendría que ser tratado inmediatamente médica o quirúrgicamente.
5. Como es el caso con otras operaciones, el medicamento anestésico que usan para dormirlos o hacer que no sienta dolor puede causar problemas. Puede que vomite mientras está bajo anestesia además de presentar otras complicaciones. Como es el caso con cualquier cirugía, las complicaciones a veces pueden resultar en la muerte.
6. Puede haber daño a sus órganos internos, como los intestinos o la vejiga. Para reparar el daño, puede ser necesario más cuidado médico u otra operación.
7. Después de haber sido esterilizadas algunas mujeres han reportado tener períodos menstruales (la regla) irregulares, aumento en cólicos menstruales o cambios en sus períodos menstruales.

Si le da fiebre o dolor severo de abdomen poco

después que le hayan hecho la operación, regrese a visitar a su médico de inmediato. Cualquiera de estos dos síntomas puede indicar que tiene una infección.

Los cuatro tipos de esterilización de liga de tubos

El tipo de operación que le harán dependerá de su estado de salud y de su médico. Hable con él o ella acerca del tipo de operación para la esterilización que le harán. Los cuatro tipos de operación son:

1. Laparotomía, minilaparotomía
2. Laparoscopia
3. Operación para ligar los tubos inmediata al parto
4. Operación vaginal para ligar los tubos

Laparotomía, minilaparotomía

En ambas operaciones el médico hará una incisión (corte) en la parte inferior de su abdomen. La diferencia entre las dos operaciones está en el tamaño de la incisión y la extensión de la cirugía del método seleccionado. En la minilaparotomía la incisión es muy pequeña (de una a dos pulgadas) y sólo deja una cicatriz pequeña. El tamaño de la incisión en la laparotomía es bastante más grande (de tres a cinco pulgadas) y por lo tanto deja una cicatriz más larga. Pregúntele a su médico qué método ella/él usa al realizar este tipo de cirugía.

A través de la incisión en el abdomen, el médico puede alcanzar los dos tubos (trompas de falopio), uno a la vez. Entonces, puede cortar una sección del tubo y usar hilo quirúrgico para ligar (amarrar) los tubos y cerrarlos; o puede cerrarlos mediante una cauterización con un impulso eléctrico; o ligarlos con bandas o grapas. Una vez que los tubos se han ligado, se cose la incisión en el abdomen.

Incluyendo la anestesia, la operación dura aproximadamente 30 minutos. Si le hacen una minilaparotomía, probablemente se quedará en el hospital menos de 24 horas y podrá regresar a su vida normal después de dos o tres días. Si le hacen la laparotomía, probablemente

permanecerá en el hospital dos o más días y le tomará aproximadamente dos semanas antes de poder reanudar su vida normal.

Laparoscopia

A través de una aguja especial, el médico introduce un gas que infla el abdomen y separa los intestinos del útero y los tubos. Después de haber hecho esto, el médico hace una pequeña incisión de media pulgada cerca del ombligo y inserta un instrumento especial llamado "laparoscopia". El laparoscopia es un tubo de metal delgado que tiene una luz y una cámara que permite que el médico vea los tubos. Además, a través del instrumento, el médico también puede manejar los demás instrumentos para realizar la cirugía. Sus tubos se cierran mediante una cauterización con un impulso eléctrico, bandas o grapas. Algunos médicos hacen una segunda pequeña incisión cerca de la línea del área púbica para insertar uno de los instrumentos para la operación.

Finalmente, después de dejar salir el gas de su abdomen a través de la incisión, ésta se cierra.

Incluyendo la anestesia, esta operación dura aproximadamente 30 minutos. Probablemente tendrá que quedarse en el hospital menos de 24 horas y podrá iniciar sus actividades normales en dos o tres días. Debido al gas que infla su abdomen, probablemente sentirá dolor en el cuello y los hombros y se sentirá hinchada. Ambos problemas desaparecen después de uno o dos días.

Operación para ligar los tubos inmediata al parto

Esta operación se lleva a cabo en el hospital poco tiempo después que la mujer ha dado a luz. El doctor hace una pequeña incisión debajo del ombligo y liga una sección de cada uno de los tubos con hilo quirúrgico. Una vez que se han ligado los tubos, se corta la sección que queda entre las ligaduras. Finalmente, se cose la incisión.

Incluyendo la anestesia, la operación dura aproximadamente 30 minutos. Si le hacen esta operación, su estadía en el hospital probablemente se prolongue uno o dos días. Su recuperación dependerá de cómo se sienta después de haber dado a luz.

Operación vaginal para ligar los tubos

En esta operación, el médico hace una pequeña incisión en la parte interior profunda de la vagina. A través de esta incisión se localizan los tubos para cerrarlos ya sea con un impulso eléctrico, bandas o grapas —o cortando una pequeña sección del tubo y cerrando los terminales con hilo quirúrgico. Después, se cierra la incisión en la vagina.

A veces, el médico usa un tubo metálico con una luz conocido como culdoscopia, para encontrar los tubos.

Incluyendo la anestesia, esta operación dura usualmente 30 minutos y probablemente permanecerá en el hospital menos de 24 horas. Podrá iniciar su vida normal en dos o tres días. Después que le han hecho esta operación, no puede tener relaciones sexuales por tres o cuatro semanas, para permitir que sane la herida que le hicieron adentro de la vagina.

¿Y la histerectomía?

La histerectomía es la extracción del útero o matriz. Esta cirugía sólo se debe efectuar si existe alguna enfermedad en el útero o si existe algún otro problema para el cual el tratamiento sea la extracción del útero. La histerectomía nunca se debe efectuar únicamente como un tipo de cirugía para la esterilización.

La histerectomía es una operación mucho más complicada que la operación para ligar los tubos para la esterilización. Es mucho más larga y la mujer se tiene que quedar en el hospital durante más tiempo. La histerectomía causa más molestias y existe una mayor probabilidad de que se presenten complicaciones. Por estas razones, ni el Medicaid ni ningún otro programa federal pagará por una histerectomía, si esta cirugía se efectúa sólo con el propósito de esterilizarla.

RESUMEN

Si usted está segura que ya no quiere tener mas hijos y quiere ser estéril permanentemente, la operación para ligar los tubos es una opción eficaz y segura. Requiere una corta estadía en el hospital y las complicaciones son raras.

RECUERDE

Si tiene preguntas

Si hay algo que no le parece claro, o cualquier cosa que le preocupe, es importante que hable con alguien que pueda responder a sus preguntas. Le deben responder a todas sus dudas **antes** de que decida hacerse la operación.

Usted puede cambiar su decisión en cualquier momento antes de la operación. Tiene que estar segura de que no quiere tener hijos bajo ninguna circunstancia antes de tomar la decisión de hacerse la operación para la esterilización.

REQUISITOS PARA LA OPERACION DE LA ESTERILIZACION PAGADA CON FONDOS DEL GOBIERNO FEDERAL

- Tiene que tener por lo menos 21 años de edad.
- Debe esperar por lo menos 30 días después de haber firmado la forma de consentimiento (permiso) antes de que le hagan la operación. Excepto en los casos de parto prematuro o cirugía abdominal de emergencia que se lleve a cabo por lo menos 72 horas después que haya firmado la forma.
- Su permiso para que la esterilicen no se puede obtener mientras que esté internada en el hospital por un parto o por un aborto; o bajo la influencia del alcohol o cualquier otra sustancia que pueda afectar su claridad mental.
- Si así lo desea, usted puede traer a alguien consigo cuando firme la forma de consentimiento (permiso).
- Su permiso es válido por 180 días después de la fecha en la que firme la forma de consentimiento.

Su permiso para ser esterilizado(a) debe estar documentado con firma en una forma de consentimiento (permiso) idéntica o similar al ejemplo que se presenta en esta publicación.

Este documento, preparado por el Departamento de Salud y Servicios Sociales de los Estados Unidos, describe los procedimientos para la esterilización que se usan actualmente en la práctica médica. El folleto contiene un ejemplo de la forma de consentimiento que, a menos que se apruebe otra forma por parte de este Departamento, tiene que usarse para las esterilizaciones pagadas a través de fondos federales. Ambos, el folleto y la forma de consentimiento, cumplen con los reglamentos: 42 CFR 50.201 et seq. y 42 CFR Parte 441 Subpárrafo F.

Publicada en 1978; revisada en 1991.

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■ INFORMATION ■ FOR MEN

Your Sterilization Operation

NOTICE:

YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

You will find a sample consent form at the back of this pamphlet.

Why This Pamphlet is Important to You

Sterilization is an operation that is intended to be permanent. This pamphlet describes the sterilization operation for men—vasectomy—its benefits, discomforts, and risks. Other family planning methods that are not permanent are also described. You should feel free to ask your doctor any questions after you have read the pamphlet completely.

Both men and women can be sterilized. (Ask your doctor or clinic for the pamphlet on sterilization for women.) The man's operation is easier, safer, and less expensive than the woman's operation.

If the Federal government is to pay for your sterilization, certain conditions must be met. They are listed on page 6. The purpose of these conditions is to ensure that you understand sterilization and that you choose freely to have this operation.

Making Up Your Mind

Sterilization must be considered permanent. Some doctors try to undo a vasectomy with surgery. This is a difficult and expensive operation which frequently does not work. So it's not a good idea to think your vasectomy can be undone.

Some men have heard about storing their sperm in banks to use later to father children. Men should not count on stored sperm because it rarely achieves pregnancy.

Make sure you do not want to father children under any circumstances before you decide to be sterilized. Are you sure you would not want to father children even if one of your present children died? Or your wife died? Or you got divorced and remarried? Be sure of your decision before you decide to be sterilized. Talk it over with your family or others you trust.

No one can force you to be sterilized! Don't let anyone push you into it. If you do not want to be sterilized, no one can take away any of your Federal benefits such as welfare, Social Security, or health care—including sterilization at a later date.

To have this operation paid for with Federal funds, you must be at least 21 years old. If you are married, discuss the operation with your wife. However, her consent is not required if Medicaid or any other Federal government program is going to pay for your operation. Your consent to sterilization cannot be obtained if you are under the influence of alcohol or other substances that affect your state of awareness.

You must sign the consent form at least 30 days before you plan to have the operation. This is so you will have at least 30 days to think it over and discuss it with your family and others. You may change your mind any time before the operation and cancel your appointment.

Other Methods of Family Planning

There are many other ways to avoid fathering children. Before you decide to be sterilized, think about other methods of family planning.

Temporary Methods of Family Planning

The following methods of family planning are temporary. This means that when you or your partner do not use them you can father children. Temporary methods of family planning are effective only if you use them correctly. If you think you might want to father children later, you should

use a temporary method of family planning instead of sterilization. Ask your doctor or clinic for pamphlets and counseling on any of these temporary methods of family planning.

Condom, Rubber, Prophylactic—A thin sheath of rubber the man places over his penis each time before intercourse. In general use, it is 88 percent effective in preventing pregnancy. There are no serious side effects. A condom can be used with contraceptive foam, cream or gel, or with a diaphragm for extra protection. Condoms give protection against sexually transmitted diseases including HIV/AIDS.

Birth Control Pill—A pill a woman takes regularly which is 97 percent effective in preventing pregnancy. It is usually safe. In some women the pill causes minor side effects such as darkening of the skin of the face, nausea, spotting, missed periods or tender breasts. More serious complications which occur infrequently include depression, increased tendency for abnormal blood clotting, increased risk of heart attack and stroke (especially in women over age 35 who smoke), and a small increased risk of liver or gall bladder disease.

Intrauterine Device (IUD)—A small piece of plastic is inserted into a woman's uterus (womb) by a doctor or family planning clinician. It is 94 percent effective in preventing pregnancy. IUD use can cause heavier periods and cramps. A serious complication in couples who are not mutually faithful is increased risk of sexually transmitted infection which can cause infertility.

Diaphragm, Cervical Cap, or Contraceptive Sponge—A rubber cup or sponge a woman

places in her vagina over her cervix before intercourse. The diaphragm or cap must be used with contraceptive gel or cream for it to be effective. The diaphragm or cap is 82 percent effective in preventing pregnancy. The sponge contains a contraceptive already. The effectiveness rate of the sponge is 82 percent for women who have not had children and 72 percent for women who have had children. There is little risk of serious complications, but minor side effects such as vaginal and urinary tract infections may occur. Benefits include some protection against sexually transmitted diseases.

Contraceptive Foam, Cream, Gel, Tablet or Film (Spermicide)—Spermicidal preparations a woman places in her vagina each time before intercourse. They are 79 percent effective in preventing pregnancy. They occasionally cause minor side effects such as allergic reactions. Benefits include some protection against sexually transmitted diseases.

Natural Family Planning—A type of family planning in which intercourse is avoided on the days each month when a woman is likely to get pregnant. In general use, it is 80 percent effective in preventing pregnancy. Natural family planning consists of several methods, all of which require instruction. Different methods involve some combination of:

- charting the menstrual periods;
- charting the woman's body temperature;
- checking the cervical mucus;
- checking the position and texture of the cervix.

Effectiveness requires cooperation between partners. There is no risk of complications. No drugs or devices are necessary. Natural family planning teaches a woman about her own fertility patterns.

Norplant—A set of 6 hormone-containing capsules which are inserted beneath the skin of the inner upper arm and can remain effective for 5 years. It is over 99 percent effective in preventing pregnancy. Its effectiveness is decreased in women who weigh over 150 pounds. Most women using Norplant will have an abnormal bleeding pattern. Other minor side effects may occur, such as headache, nervousness, nausea, dizziness. A health care provider must insert or remove Norplant in a procedure which lasts 15-20 minutes. Norplant does not protect against sexually transmitted diseases including HIV/AIDS.

Sterilization for a Woman

A woman can be sterilized by an operation called a tubal sterilization. This operation is intended to prevent her from bearing children. Tubal sterilization is more complex and more expensive than the sterilization operation for a man. The risks of serious short-term and long-term complications are also much greater. Sterilization does not offer protection against sexually transmitted diseases, including HIV/AIDS. (Ask your doctor or clinic for the pamphlet on sterilization for a woman.)

What About Abortion?

Abortion does not prevent pregnancy. It is an operation to terminate a pregnancy which has already started.

This pamphlet does not address abortion; it only addresses ways to avoid pregnancy.

When Can a Man Have a Sterilization Operation?

A man may choose to have a sterilization operation at any time in his life. It doesn't matter if he is not married or doesn't have children. It is up to him. Sterilizations done at too young an age or before a man has any children may result in regret later. Circumstances also can change in your life which might cause you to regret your decision to be sterilized.

Facts About the Operation

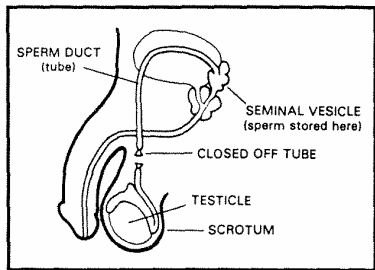
The surgical method of family planning for men is called a vasectomy. It is done in the doctor's office or clinic. Under local anesthesia, the doctor closes off the sperm ducts so that sperm cannot get through these ducts into the semen (the fluid ejected at orgasm). (See diagram on next page.) When there are no sperm in the semen, you cannot cause a pregnancy. Only the sperm are blocked, not the liquid part of the semen. You will still ejaculate (eject fluid) as before. Vasectomy will not change your hormones. (NOTE: Vasectomy is not castration. The testicles are not removed.) Sterilization does not offer protection against sexually transmitted diseases, including HIV/AIDS.

How a Vasectomy is Done

First a local anesthetic is injected into your skin on each side of the scrotum to make it temporarily numb. You will feel mild pain, like a pin prick, for a few seconds. Once the area is numb, the doctor makes

one or two very small (one-half inch) incisions (cuts). Through these, the doctor reaches the sperm ducts, cuts them, and closes them off. The incisions in the skin are then closed with stitches. The scars can hardly be seen after a couple of weeks.

The operation, including anesthesia, usually takes about 15-20 minutes. You can usually go home shortly after the operation.



Is the Operation Guaranteed to Work?

Vasectomy works almost all the time. This means that fewer than 1 out of 100 men who have the operation will still be able to get a woman pregnant. This is usually because the two ends of the ducts have grown back together. Vasectomy is more than 99 percent effective - higher than all other methods of family planning for men. You are not immediately sterile after your vasectomy. There will still be some sperm in your ducts until you have ejaculated at least 15 times or at least 6 weeks have elapsed since your operation. During this

time, you can still cause a pregnancy. So it is important that you and your partner use another method of family planning. The only certain way of knowing that you are sterile is to have your doctor do a simple test of your semen under a microscope at your follow-up appointment.

Benefits of Vasectomy

The benefits of vasectomy are:

- You don't have to worry about making a woman pregnant.
- You don't have to use a temporary method of family planning again.

Discomforts and Risks

Vasectomy is considered a safe and simple operation, but there is a small chance you will have some medical problems afterwards. You can expect some soreness after the operation. This is not serious and usually goes away after a few days.

Serious medical problems happen rarely. Most of the time they can be treated and cured by the doctor without further surgery; however, an operation may be necessary to correct some of them. Some of the medical problems you could have after a sterilization operation include:

1. You may have swelling around the incision on your skin. This happens right after the operation and is only temporary.
2. You may have bleeding under the skin which causes a bruise. This usually clears up by itself. Ice bags are often recommended to reduce the chance of this bleeding.
3. You may get an infection either on the skin or inside the scrotum. It is important

to follow the doctor's recommendation about the care and cleansing of the incision while it is healing.

4. The operation may not make you sterile. The operation cannot be guaranteed 100 percent to make you sterile. Less than 1 out of 100 men who have the operation will still be able to get a woman pregnant.

Go back to your doctor at once if swelling lasts for more than a few days, if you have a fever, or if you have severe pain.

Vasectomy will not alter your sexual drive; your erections and orgasms will be the same. A very few men who have had a vasectomy say they have sexual problems after the operation. There is no medical explanation for these rare symptoms, and they are believed to result from an emotional reaction to the operation. If you are concerned about how a vasectomy would affect you sexually, discuss your questions with the doctor.

Many studies have shown that men who have had vasectomies are just as healthy as other men. The long-term effects of vasectomy have been widely studied; there are no proven long-term health problems which result from having the procedure.

SUMMARY

If you are sure you do not want to father children and you want to become permanently sterile, then vasectomy is a safe, effective option. The operation is done in a doctor's office or clinic, and problems are rare.

If You Have Questions

If there is anything that is not clear to you, or anything you are worried about, it is **important** that you ask these questions. All of your questions should be answered to your satisfaction **before** the operation.

REMEMBER

You may change your mind at any time before the operation. Make sure you do not wish to father children under any circumstances before you decide to be sterilized.

RULES FOR STERILIZATION OPERATIONS FUNDED BY THE FEDERAL GOVERNMENT

- You must be at least 21 years old.
- You must wait at least 30 days to have the operation after you sign the consent form.
- You may, if you choose, bring someone with you when you sign the consent form.
- Your consent is effective for 180 days from the date you sign the consent form.
- Your consent to sterilization cannot be obtained while you are under the influence of alcohol or other substances that affect your state of awareness.

Your consent to sterilization must be documented by signing a consent form identical or similar to the sample attached to this pamphlet.

SAMPLE CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ (doctor or clinic) When I first asked for

the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____ Month Day Year

I, _____, hereby consent of my own free will to be sterilized by _____ (doctor)

by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature _____ Date: _____ Month Day Year

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter _____ Date _____

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent _____ Date _____

Facility _____

Address _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____

Name: individual to be sterilized _____ Date: sterilization operation _____ I explained to him/her the nature of the sterilization operation _____ the fact that _____ specify type of operation _____

it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
☐ Emergency abdominal surgery:
(describe circumstances): _____

Physician _____

Date _____

This pamphlet has been prepared by the U.S. Department of Health and Human Services. It describes the sterilization procedures used in current medical practice. The pamphlet contains a sample of the consent form which, unless another form is approved by DHHS, *must* be used for sterilizations paid for with Federal funds. Both the pamphlet and consent form comply with regulations: 42 CFR 50.201 et seq. and 42 CFR Part 441, Subpart F.

Issued, 1978; Revised, 1991.

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Departamento de Salud y Servicios Sociales de los Estados Unidos
Servicio de Salud Pública

■ INFORMACION ■ PARA EL HOMBRE



sobre
La operación para la esterilización

AVISO:

LA DECISION DE NO HACERSE LA CIRUGIA U OPERACION PARA LA
ESTERILIZACION, QUE USTED PUEDE TOMAR EN CUALQUIER MOMENTO, NO
VA A RESULTAR EN LA REVOCACION O EL REHUSO DE BENEFICIOS
PROPORCIONADOS POR PROGRAMAS O PROYECTOS PATROCINADOS CON
FONDOS FEDERALES

Encontrará un ejemplo del formulario legal de consentimiento (permiso)
al final de esta publicación

La importancia de este folleto

La esterilización es una operación (cirugía) de resultados permanentes. Este folleto para los hombres describe la operación para la esterilización —conocida como vasectomía— y sus beneficios, molestias y riesgos. También se describen otros métodos no permanentes para la planificación familiar. Usted puede preguntarle a su médico sobre cualquier duda que tenga después de haber leído todo este folleto.

Tanto los hombres como las mujeres pueden ser esterilizados. (Pídale a su médico o en la clínica que le den un folleto sobre la esterilización de la mujer). La operación para el hombre es más sencilla, de menor riesgo, y menos costosa que la operación para la esterilización de la mujer.

Si el gobierno federal va a cubrir el costo por su operación para la esterilización, tiene que cumplir con ciertos requisitos que se presentan en la página 6. El propósito de estos requisitos es asegurarse que usted entiende el proceso para la esterilización y el hecho que es una operación que uno elige voluntaria y libremente.

Para tomar la decisión

Usted debe considerar la esterilización como una operación permanente. Algunos médicos tratan de revertir la vasectomía por medio de una cirugía que es complicada y costosa, pero que frecuentemente no es exitosa. Es importante que no crea que su operación de esterilización se puede revertir.

Algunos hombres han oído decir que pueden guardar su esperma en un banco de esperma, para poderlo usar en el futuro para procrear hijos. Ellos no deberían de contar con esta posibilidad ya que raramente se logra un embarazo con el esperma de un banco.

Antes de que lo esterilicen tiene que estar seguro que, bajo ninguna circunstancia, quiere procrear hijos. ¿Está seguro que no querría tener niños incluso si uno de sus hijos muriera, o si muriera su esposa, o si se divorciara y se volviera a casar? Tiene que estar seguro de su decisión antes de que lo esterilicen. Hable de este tema con su familia y con otras personas en quienes confía.

¡Nadie lo puede forzar a que se esterilice! No deje que nadie lo presione a hacerlo. Si usted

no quiere que lo esterilicen, nadie le puede quitar sus beneficios del gobierno federal como la ayuda social ("welfare"), beneficios de jubilación o de desempleo, o beneficios de cuidado médico —incluyendo la operación para la esterilización en el futuro.

Para que el gobierno federal pague por esta operación usted debe ser mayor de 21 años de edad. Si está casado, hable sobre la operación con su esposa, pero no es necesario tener permiso de ella para que el Medicaid o cualquier programa del gobierno federal cubran el costo. El permiso para que le hagan la operación de la esterilización no se puede obtener si se encuentra bajo la influencia del alcohol o otras sustancias que puedan afectar su claridad mental. Tiene que firmar el formulario de consentimiento (permiso) por lo menos 30 días antes de que quiera que le hagan la operación. Esto es así para que usted tenga por lo menos 30 días para pensar sobre su decisión y para hablar con su familia y otras personas de confianza. Usted tiene derecho a cambiar su decisión en cualquier momento y cancelar su cita para la operación.

Otros métodos de control de la natalidad

Existen muchos otros métodos para evitar procrear niños. Antes de decidir si quiere ser esterilizado, considere el uso de otros métodos de planificación familiar.

Métodos temporales de planificación familiar

Los siguientes métodos de planificación familiar son temporales (no permanentes). Esto quiere decir que si usted o su pareja no usan estos métodos, existe la posibilidad de que conciban un hijo. Los métodos temporales de control de la natalidad sólo funcionan si usted los usa correctamente. Si usted piensa que probablemente va a querer tener hijos en el futuro, debe usar un método temporal de planificación familiar en vez de la operación para la esterilización. Pida a su médico o en la clínica que le den folletos y asistencia en cuanto a cualquiera de los métodos temporales de planificación familiar.

Condón o preservativo - Una cubierta de látex (plástico) delgada que el hombre se coloca en el pene antes de la penetración durante las relaciones sexuales. Generalmente es 88 por ciento eficaz en la prevención del embarazo y no causa efectos secundarios serios. Para tener mayor protección, el condón se puede usar en combinación con espuma, crema o jalea anticonceptiva, o al mismo tiempo que la mujer usa el diafragma. El condón proporciona protección contra las enfermedades de transmisión sexual incluyendo el SIDA /VIH ("AIDS/HIV").

Píldora de control de la natalidad - Es una píldora que la mujer toma diariamente y que es 97 por ciento eficaz en la prevención del embarazo. Normalmente no hay riesgos en su uso. En algunas mujeres, la píldora causa efectos secundarios menores tales como el oscurecimiento de la piel de la cara, náusea, pequeños sangrados, esporádicamente no tener el período menstrual (la regla), y dolor en los senos. Las complicaciones más serias, que ocurren raramente, incluyen la depresión, una tendencia a padecer coagulación de la sangre anormal, mayor riesgo de tener ataques al corazón y derrames cerebrales (especialmente entre las mujeres que fuman y son mayores de 35 años de edad) y un pequeño aumento en el riesgo de padecer enfermedades del hígado y de la vesícula biliar.

Dispositivo intrauterino - Es una pequeña pieza de plástico que un médico o un profesional de la salud introduce en el útero (matriz) de la mujer y que es 94 por ciento eficaz en la prevención del embarazo. El dispositivo puede causar sangrado más abundante durante el período menstrual (la regla) y cólicos menstruales. Una complicación seria ocurre entre las parejas en las que no existe fidelidad mutua. Esta complicación es un riesgo más alto de contraer enfermedades venéreas que pueden causar infertilidad.

Diafragma, cubierta de la cerviz, o la esponja anticonceptiva - El diafragma es una media esfera de látex (plástico) suave que la mujer coloca dentro de su vagina cubriendo la cerviz antes de tener relaciones sexuales. Para que el diafragma o la cubierta sea eficaz, debe usarse con jalea o crema anticonceptiva. Este método es 82 por ciento eficaz en la prevención del embarazo. Por su parte, la esponja ya contiene una sustancia anticonceptiva y su grado de

eficacia es de 82 por ciento para las mujeres que no han tenido hijos y de 72 por ciento para las mujeres que ya han tenido hijos. Existe un bajo riesgo de tener complicaciones severas, pero pueden ocurrir efectos secundarios menores como infecciones vaginales y del tracto urinario. Los beneficios incluyen algo de protección contra las enfermedades de transmisión sexual.

Espuma, crema, jalea, pastilla o espermicida anticonceptivos - Son preparaciones anticonceptivas que la mujer se coloca en la vagina antes de cada relación sexual y son 79 por ciento eficaces en la prevención del embarazo. Ocasionalmente causan efectos secundarios menores tales como las reacciones alérgicas. Los beneficios incluyen algo de protección contra las enfermedades de transmisión sexual.

Método natural de planificación familiar - Es un tipo de planificación familiar en la que se evitan las relaciones sexuales durante los días del mes en los que la mujer tiene mayor posibilidad de quedar embarazada. Por lo general es 80 por ciento eficaz en la prevención del embarazo. La planificación natural consiste de varios métodos, la persona necesita instrucciones especiales para seguir cualquiera de ellos. Los diferentes métodos incluyen una combinación de lo siguiente:

- Hacer un calendario (o una gráfica) de los períodos menstruales;
- anotar los cambios de temperatura de la mujer;
- revisar la mucosidad cervical;
- revisar la posición y textura de la cerviz.

Para que sean eficaces estos métodos se requiere la cooperación de ambos miembros de la pareja. No existen riesgos o complicaciones y no se necesita ningún medicamento o dispositivos. Los métodos de control de la natalidad naturales le enseñan a la mujer sobre sus propios patrones de fertilidad.

"Norplant" - Son 6 cápsulas de hormonas que se insertan debajo de la piel en la parte interior superior del brazo de la mujer y permanecen ahí por 5 años. Este método es más de 99 por ciento eficaz en la prevención del embarazo; pero es menos eficaz en mujeres que pesan más de 150 libras. La mayoría de las mujeres que usan "Norplant" presentarán patrones de

Información sobre la operación

sangrado anormales. También pueden ocurrir otros efectos secundarios menores tales como dolores de cabeza, nerviosismo, náusea y mareo. Un profesional de la salud puede introducir o sacar el "Norplant" en un procedimiento que dura entre 15 y 20 minutos. Este método no da protección contra las enfermedades de transmisión sexual o contra el SIDA/VIH ("AIDS/HIV").

La esterilización de la mujer

La mujer puede ser esterilizada mediante una operación para ligar los tubos (trompas de falopio). Esta operación tiene el propósito de que ella no pueda quedar embarazada. La operación para ligar los tubos es más complicada y más costosa que la operación para la esterilización del hombre. El riesgo que la mujer padezca de complicaciones graves a corto y largo plazo también es mucho mayor. La esterilización no da protección en contra de las enfermedades de transmisión sexual, incluyendo el SIDA/VIH ("AIDS/HIV"). (Pida a su médico o en la clínica que le den un folleto sobre la esterilización de la mujer.)

¿Y el aborto?

El aborto no es un método para prevenir el embarazo, es una operación para terminar un embarazo que ya se ha iniciado.

Este folleto no trata sobre el aborto, sólo trata sobre los métodos de prevención de la natalidad.

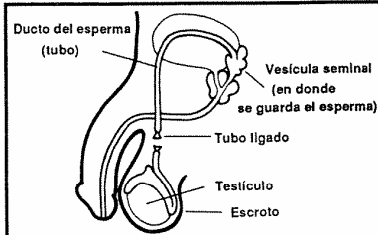
¿Cuándo es que le pueden hacer la operación para la esterilización al hombre?

Un hombre puede elegir hacerse una operación para la esterilización en cualquier momento de su vida sin importar si aún no está casado o si no ha tenido hijos. El toma la decisión. Esterilizar a un hombre demasiado joven o que no ha tenido hijos puede resultar en que el se arrepienta más tarde. Hay circunstancias en la vida que pueden cambiar y que pueden hacer que usted se arrepienta de haber tomado la decisión de esterilizarse.

El método quirúrgico para la planificación familiar de los hombres es una operación llamada vasectomía y se realiza en la oficina del médico o en la clínica. Bajo un anestésico local, el médico cierra los ductos del esperma para que el esperma no pueda pasar a través de estos ductos e incorporarse al semen (el semen es el líquido que el hombre eyacula durante el orgasmo). (Vea la siguiente ilustración.) Cuando no hay espermatozoides en el semen, usted no puede causar un embarazo. La vasectomía sólo bloquea la salida del esperma, no el líquido que hace el semen. Usted seguirá teniendo eyaculaciones (con líquido) como siempre las ha tenido. La vasectomía no causará ningún cambio en sus hormonas. (AVISO: La vasectomía no es una castración. En la vasectomía no se quitan los testículos.) La esterilización no le da protección en contra de las enfermedades de transmisión sexual, incluyendo el SIDA/VIH ("AIDS/HIV").

¿Como se hace la vasectomía?

Primero se le inyecta un anestésico en la piel a cada uno de los lados del escroto (bolsa de los testículos), esto causa la pérdida temporal de sensación en esta área. Sentirá un poco de dolor por unos pocos segundos, como el piquete de un alfiler. Una vez que ha perdido la sensación en el área, el médico hace una o dos muy pequeñas incisiones (cortes de media



pulgada) y, a través de estas, encuentra los ductos del esperma, los corta y los liga. Finalmente, cose las incisiones. Después de un par de semanas, las cicatrices serán casi invisibles.

Incluyendo la anestesia, la operación dura entre 15 y 20 minutos. Normalmente, puede regresar a casa poco después de la operación.

¿Se garantiza que la operación será exitosa?

La vasectomía es exitosa la mayoría de las veces. Esto quiere decir que de cada cien hombres que se han hecho la operación, los chances son de que menos de uno todavía pueden preñar a una mujer. Esta excepción ocurre cuando los ductos cortados vuelven a crecer y juntarse. La vasectomía, sin embargo, es 99 por ciento eficaz; que es un promedio más alto que cualquier otro método de planificación familiar para el hombre.

Usted no queda estéril inmediatamente después que le han hecho la vasectomía ya que ha quedado esperma en los ductos (tubos). Este esperma no se desecha hasta que ha tenido por lo menos 15 eyaculaciones, o después que pasen por lo menos 6 semanas desde que le hicieron la operación. Durante este período de tiempo, usted aún puede causar un embarazo. Por lo tanto, es muy importante que usted y su pareja usen otro método de planificación familiar. La única manera de asegurarse que es estéril es que el médico examine su semen bajo un microscopio durante una de sus citas médicas de revisión después de la operación.

Beneficios de la vasectomía

Los beneficios de la vasectomía son:

- No se tendrá que preocupar de que la mujer va a quedar embarazada.
- Nunca más tendrá que usar un método temporal de control de la natalidad.

(La operación para la esterilización no lo protege contra las enfermedades de transmisión sexual incluyendo el SIDA/VIH ("AIDS/HIV").

Molestias y riesgos

La vasectomía es considerada una operación simple y con pocos riesgos, sin embargo sí hay una pequeña posibilidad que algunas complicaciones médicas ocurran después de la cirugía. Es normal sentir algo de dolor después de la operación; el dolor no es serio y normalmente desaparece en unos cuantos días.

Es raro que problemas médicos serios ocurran y la mayor parte del tiempo su médico puede tratar y curar estos problemas sin necesidad de

más cirugía. Ocasionalmente se necesita otra operación para corregir algunos de estos problemas. Entre algunos de los problemas que pudiera tener después de la operación para la esterilización se incluyen los siguientes:

1. Se le puede inflamar la piel alrededor de las incisiones. Esto normalmente sucede inmediatamente después de la operación y es sólo temporal.
2. Puede sangrar debajo de la piel, lo que causa un moretón (cardenal). Por lo general esto desaparece por sí mismo y se recomienda la aplicación de bolsas de hielo en el área para reducir el riesgo de sangrar.
3. Puede que le de una infección en la piel o dentro del escroto. Es importante que siga las recomendaciones de su médico en cuanto al cuidado y la forma de limpiar la incisión mientras que esta sanando.
4. Es posible que la operación no lo deje estéril. La operación no se puede garantizar un 100 por ciento. Un promedio de menos de un hombre de cada cien que se hacen la operación— aún puede empreñar a una mujer.

Si la inflamación no desaparece después de algunos días, si tiene fiebre, o si tiene dolor agudo, regrese a visitar a su médico de inmediato.

La vasectomía no afectará para nada su vida sexual; sus erecciones y orgasmos serán exactamente iguales que antes. Muy pocos hombres que se han hecho la vasectomía se quejan de problemas sexuales después de la operación. No existe una explicación médica para estos raros síntomas, y se cree que son el resultado de una reacción emocional a la operación. Si está preocupado de cómo podría la vasectomía afectar su vida sexual, discuta con el médico sobre sus dudas.

Muchos estudios han demostrado que los hombres que han tenido la vasectomía son tan sanos como cualquier otro. Los efectos a largo plazo de la vasectomía se han estudiado extensamente y no se ha encontrado o comprobado ningún efecto a largo plazo que haya resultado de la operación.

RESUMEN

Si usted está seguro que ya no quiere tener más hijos y que quiere ser estéril permanentemente, la vasectomía es una opción eficaz y segura. La operación se realiza en el consultorio médico o en la clínica y los problemas son raros.

Si tiene preguntas

Si hay algo que no está claro, o cualquier cosa que le preocupe, es **importante** que hable con alguien que pueda responder a sus preguntas.

Le deben responder a todas sus dudas **antes** de que decida hacerse la operación.

RECUERDE

Usted puede cambiar su decisión en cualquier momento antes de la operación. Tiene que estar seguro de que no quiere procrear hijos bajo ninguna circunstancia antes de tomar la decisión de hacerse la operación para la esterilización.

REQUISITOS PARA LA OPERACION DE LA ESTERILIZACION PAGADA CON FONDOS DEL GOBIERNO FEDERAL

- Tiene que tener por lo menos 21 años de edad.
- Debe esperar por lo menos 30 días después de haber firmado la forma de consentimiento (permiso) antes de que le hagan la operación.
- Si así lo desea, usted puede traer a alguien consigo cuando firme la forma de consentimiento (permiso).
- Su permiso es válido por 180 días después de la fecha en la que firme la forma de consentimiento.
- Su permiso para que lo esterilicen no se puede obtener mientras que esté bajo la influencia del alcohol o cualquier otra sustancia que pueda afectar su claridad mental.

Su permiso para ser esterilizado(a) debe estar documentado con firma en una forma de consentimiento (permiso) idéntica o similar al ejemplo que se presenta en esta publicación.

Este documento, preparado por el Departamento de Salud y Servicios Sociales de los Estados Unidos, describe los procedimientos para la esterilización que se usan actualmente en la práctica médica. El folleto contiene un ejemplo de la forma de consentimiento que, a menos que se apruebe otra forma por parte de este Departamento, tiene que usarse para las esterilizaciones pagadas a través de fondos federales. Ambos, el folleto y la forma de consentimiento, cumplen con los reglamentos: 42 CFR 50.201 et seq. y 42 CFR Parte 441 Subpárrafo F.

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